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House Document

No. 366

FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
102d CONGRESS
JANUARY 1–DECEMBER 31, 1991
VOLUME 2 OF 3 VOLUMES

United States Congressional Serial Set

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FINANCIAL DISCLOSURE

REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES OF THE 102D CONGRESS

FOR THE PERIOD

January 1, 1991, to December 31, 1991

COMMUNICATION FROM THE CLERK OF THE HOUSE PURSUANT TO 5 U.S.C. APP. 6 § 103

(Volume 2 of 3)

JULY 24, 1992.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

57-540 WASHINGTON : 1992

LETTER OF SUBMITTAL

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 24, 1992.

Hon. THOMAS S. FOLEY,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 103), and House Rule XLIV.

This compilation contains the personal financial disclosure statements amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XLIV by May 15, 1992, and includes the financial transaction as reported therein which occurred between January 1, 1991 and December 31, 1991.

House Rule XLIV provided that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports sent to him by Members within the period of beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With great respect, I am

Sincerely yours,

DONNALD K. ANDERSON,
Clerk, U.S. House of Representatives.

Enclosure.

ALPHABETICAL COMPILATION OF FINANCIAL DISCLOSURE REPORTS FILED BY MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES PURSUANT TO HOUSE RULE XLIV

(10)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Congressman Claude Harris
(Full Name)

1009 Longworth Building — 202-225-2665
(Mailing Address) — Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State Alabama District 7	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Alabama Army National Guard	salary	$8,968.78

For payments to charity in lieu of honoraria, use next page

1677

Reporting Individual's Name
Congressman Claude Harris

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash. D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Tyson Foods, Springdale, Arkansas	appearance	Feb. 22, 1991	$1,000
The Washington Caucus, Washington, D.C.	speech	March 21, 1991	$500
The Capitol Forum, Washington, D.C.	speech	April 9, 1991	$500
Non Prescription Drug Manufacturers Assoc, Washington, D.C.	speech	Feb. 21, 1991	$1,000
Philip Morris, Washington, D.C.	speech	Nov. 21, 1991	$2,000

Reporting Individual's Name

Congressman Claude Harris

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: S George Wash. Credit Union Accounts				X									X									X						
	Examples: S 182 Main Street, Dover, Delaware					X							X									X							
	Tuscaloosa County Credit Union		X											X						X									
	Tuscaloosa, Alabama																												
	Amsouth Bank account (IRA)			X										X							X								
	Tuscaloosa, Alabama																												
	Southern Farm Bureau Life Ins.		X									X								X									
	First State Bank (CD), Tusc. AL			X										X							X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Congressman Claude Harris

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S. DC. JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
First Alabama Bank (IRA)				X										X								X								
Tuscaloosa, Alabama																														
Principal Mutual Life Ins.				X								X										X								
2183 Shannon Rd., Lot 1 (½ int) Bessemer, Al				X									X									X								
2138 Shannon Rd., Lot 2 (½ int) Bessemer, AL				X									X									X								
2138 Shannon Rd., Lot 3 (½ int) Bessemer, AL				X									X									X								
2138 Shannon Rd., Lot 4 (½ int) Bessemer, AL				X									X									X								
2138 Shannon Rd., Lot 5 (½ int) Bessemer, AL				X									X									X								
2138 Shannon Rd., Lot 6 (½ int) Bessemer, AL				X									X									X								
226 Hulsey St., Shannon, AL (½ int)				X									X									X								
Shannon Rd., Bessemer, AL- ½ int				X									X									X								

Reporting Individual's Name: Congressman Claude Harris

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets		Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example	ABC Corporation Common Stock	X			10-12-90			X				
	Shannon Rd., Bessemer, AL. (½ int)				X	5/24/91	X						

Reporting Individual's Name
Congressman Claude Harris

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	First Alabama Bank, Alabama	personal loan		X					

Reporting Individual's Name
Congressman Claude Harris

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Tyson Foods	Feb 21-22	air travel from DC-Fayette-Tuscaloosa, overnight	
		lodging and meals to attend meetings with company	
		officials to discuss legislative issues , self	
Chinese Peoples Institute of	March 25	(travel dates 3-25-91/3-27-91 and April 4) air travel from	
Foreign Affairs	April 4	Birmingham-Beijing-Hong Kong-Birmingham; lodging 7	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Cong. Claude Harris

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Chinese Peoples Institute of	3 3/4/	nights, meals, for self and spouse to participate	
Foreign Affairs	4/7/91	in US-China cultural exchange program	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Congressman Claude Harris

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
American President Lines	April 5-7	3 nights lodging and meals for self and spouse to	
		attend briefings on US trading relationships with	
		Asian countries and to visit headquarters in Hong	
		Kong	
UAW, GM, Ford, Chrysler & Cong. Competitiveness Caucus	April 25-26	air travel from Washington-Detroit-Tuscaloosa, meals and overnight lodging. ~~to participate in auto~~	
		industry fact-finding trip. Self only	
German Marshall Fund and	Aug 9 -	air travel from Washington-Stockholm-Washington, 5	
Scandinavian Seminar College	15	days lodging and meals for self and spouse to attend	
		US-Scandinavian seminar for Parliamentarians	
American Petroleum Institute	Aug. 24-29	air travel from Birmingham-Anchorage-Tuscaloosa,	
		lodging and meals. Tour of North Slope of Alaska and	
		briefings on energy issues. Self only	
Mid America Committee & City	Sept 19-	air travel from Washington-Chicago-Washington; lodg-	
of Chicago	22	ing and meals for self and spouse to attend Chicago	
		Congressional weekend	
Alabama Power Co.	Aug. 30	transportation and lunch, self only to visit Farley	
		Nuclear Plant, Alabama	

Reporting Individual's Name
Congressman Claude Harris

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Claude Harris	May 14, 1992

GPO 1991 : 26-267 (m)

CLAUDE HARRIS
7TH DISTRICT, ALABAMA
COMMITTEE ON ENERGY AND COMMERCE
SUBCOMMITTEES
ENERGY AND POWER
TELECOMMUNICATIONS AND FINANCE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEES
HOUSING AND MEMORIAL AFFAIRS
HOSPITALS AND HEALTH CARE

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House of Representatives
Washington, DC 20515

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May 27, 1992

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✓
MC

Mr. Donnald K. Anderson
Clerk of the House of Representatives
H105
The Capitol

Dear Mr. Anderson:

I am writing to amend my 1991 Financial Disclosure Report. To clarify the transaction that occurred in 1991 as listed in part IV, please note that the Shannon Road property's value at the end of the reporting year should be zero since I had transferred my interest in said property on May 24.

Sincerely,

CLAUDE HARRIS
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 [illegible] 24

(7)

J. Dennis Hastert
(Full Name)

P.O. Box 386
(Mailing Address)

Telephone

Yorkville, IL 60560

Filer Status	[X] Member of the U.S. House of Representatives	State Illinois District 14	[ ] Officer or Employee	Employing Office N/A	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

HOUSE DELIVERED

mc

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Yorkville School District 115	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

1688

Reporting Individual's Name

J. Dennis Hastert

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	American Nuclear Energy Council	Speech	02/07/91	350
	Edison Electric Institute	Speech	03/06/91	250
	Capitol Forum (National Association of Independent Insurers)	Speech	03/12/91	500
	National Cable Television Association	Speech	03/24/91	1,500
	American Amusement Machine Association	Speech	05/08/91	1,000
	Pipeline Dinner (American Gas Association)	Speech	07/23/91	500
	Motor Vehicle Manufacturing Association	Speech	06/21/91	1,000
	Electronic Industries Association	Speech	06/01/91	1,000
	U.S. Tobacco	Speech	09/11/91	2,000

Reporting Individual's Name

J. Dennis Hastert

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples.	S		X									X									X								X
						X									X									X						
								X						X									X							
JT	Yorkville National Bank				X										X							X								
JT	Rental House, Yorkville, IL							X						X						X(Net)				X	(Gross)				
JT	Farm, Shipman, IL							X											Farm Income	X(net)					X(Gross)				
	Opera House Property (1/2 interest in partnership)					X													Partnership Income			X								

1690

Reporting Individual's Name

J. Dennis Hastert

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	None											

Page 4 of 7

Financial Disclosure A-3

Reporting Individual's Name
J. Dennis Hastert

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at *any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Yorkville National Bank	Mortgage on 51 1/2 Acres Farmland	X						
S	First Midwest Bank/Joliet	50% interest in Mortgage by Opera House Properties		X					
JT	Goldome	Mortgage on Washington D.C. Residence			X				
JT	Federal Land Bank	Mortgage on 110 Acres Farmland			X				
JT	Yorkville National Bank	Mortgage on Rental Home			X				

Reporting Individual's Name: J. Dennis Hastert

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Cable Television Association	March 23-25, 1991	Roundtrip Airfare for Congressman & Son, 2 nights hotel and meals (Chicago-New Orleans)	
Electronic Industries Assoc.	June 1, 1991	Roundtrip Airfare for Congressman, 2 nights hotel and meals (Washington-Chicago)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: J. Dennis Hastert

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
50 % Partner	Opera House Property Partnership

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
N/A	State of Illinois - State Employees	Pension Available at age 55
	Retirement System	due to prior service

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☐ NA ☒

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
J. Dennis Hastert	May 15, 1992

J. DENNIS HASTERT
14TH DISTRICT, ILLINOIS

515 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1314
(202) 225-2976

27 NORTH RIVER STREET
BATAVIA, IL 60510
(708) 406-1314

900 WEST LAFAYETTE STREET
OTTAWA, IL 61350
(815) 434-5666

888 NORTH LAKE
SOUTH ELGIN, IL 60177
(708) 697-6622

Congress of the United States
House of Representatives
Washington, DC 20515-1314

COMMITTEE ON
ENERGY AND COMMERCE

COMMITTEE ON GOVERNMENT
OPERATIONS

EXECUTIVE COMMITTEE ON
COMMITTEES

SELECT COMMITTEE ON
HUNGER

HUMAN RIGHTS CAUCUS

June 9, 1992

HAND DELIVERED

(2)

MC

The Honorable Donnald K. Anderson
Clerk
U.S. House of Representatives
Records and Registration
1036 Longworth HOB
Washington, D.C. 20515

Dear Mr. Anderson:

I would like to amend Parts II and III of my 1991 financial disclosure statement to add the townhouse I own in Washington. I learned today that because I rented a room for four months in the townhouse to another member that it might be considered an asset that produces income and not excluded from reporting as a personal residence.

A revised page is attached.

Sincerely,

J. Dennis Hastert
Member of Congress

JDH:sl
Enclosure

HAND DELIVERED

92 JUL 10 AM 2 56

Reporting Individual's Name

J. Dennis Hastert

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,200	III $1,201 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: George Wash. Credit Union Accounts				X									X									X						
	Examples: 182 Main Street, Dover, Delaware						X						X									X							
JT	Yorkville National Bank			X										X							X								
JT	Rental House, Yorkville, IL						X						X						X	(Net)				X	(Gross)				
JT	Farm, Shipman, IL						X											Farm Income	X	(net)				X	(Gross)				
S	Opera House Property																												
	(S's interest in partnership)				X													Partnership Income				X							
JT	Townhouse, Washington, D.C.						X						X						X	Net					(Gross)				

For additional assets and unearned income, use next page

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . 11 PM 1 21

(8)

Charles Floyd Hatcher
(Full Name)

2434 Rayburn HOB
(Mailing Address)

Telephone

Washington, D.C. 20515 202-225-3631

Filer Status	X Member of the U.S. House of Representatives	State Ga. District 2nd	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Georgia Council on Child Abuse	Spouse Salary (6 months)	

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Hatcher

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(if necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	The Connell Company, Westfield, New Jersey	Speech	Feb. 25, 1991	$2000.
	Southwestern Peanut Shellers Assn., Dallas, Tx.	Speech	June 29, 1991	$1000.
	Phillip Morris, Washington, D.C.	Speech	Oct. 22, 1991	$2000.
	U.S. Tobacco, Greenwich, Conn.	Speech	Oct. 2, 1991	$2000.

Reporting Individual's Name

Hatcher

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE [X]

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENTS & ROYALTIES	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X								X							
			182 Main Street, Dover, Delaware					X							X								X								

For additional assets and unearned income, use next page

Reporting Individual's Name

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90				X			

Reporting Individual's Name

Hatcher

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child Check the highest amount owed during the reporting period Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse For further information, see Instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Security Bank & Trust Comp., Albany, Georgia	personal loan		x					
	Bank of Baker County, Newton, Georgia	personal loan		x					

Financial Disclosure A-4

Reporting Individual's Name
Hatcher

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section); aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [x]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Connell Company		Feb. 25	Roundtrip Air Travel from Washington, D.C. to Westfield, N.J.	
			and Lunch	
Leaf Tobacco Exporters Assn.		May 27-30	Roundtrip ground Transportation, 3 days food & lodging	
			from Washington, D.C. to White Sulphur Springs, W.V.	
Flue Cured Stabilization Board		May 30-31	Roundtrip Air Travel from Washington, D.C. to Raleigh, N.C.,	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

1702

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name
Hatcher

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Con't		one day lodging and food	
Bright Belt Warehouse Assn.	June 20-21	Roundtrip Air Travel from Washington, D.C. to Hilton Head, S.C.,	
		one day lodging and food	
Burley Tobacco Conference/	June 23-24	Roundtrip Air Travel from Washington, D.C. to Nashville, Tn.	
sponsored by Phillip Morris, USA		one day lodging and food	
Southwestern Peanut Shellers Assn.	June 27-29	Roundtrip Air Travel from Washington, D.C. to Albuquerque, N.M.	
		three day lodging and food	
Southern Peanut Warehousemen	July 21-22	Roundtrip Air Travel from Albany, Georgia to Naples, Florida	
		return to Washington, D.C., one day lodging and food	
Danny Thompson Memorial Golf	Aug. 22-25	Roundtrip Air Travel from Albany, Georgia to Sun Valley, Idaho,	
Tournament		three day lodging and dinners	
Burley and Dark Leaf Assn.	Sept. 12-14	Roundtrip ground transportation from Washington, D.C. to	
		Williamsburg, Va., one day lodging and food	
Burley Cooperative	Dec. 2-3	Roundtrip Air Travel from Albany, Georgia to Lexington, Ky.	
		one day lodging and food	

Reporting Individual's Name
Hatcher

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/11/92

GPO: 1991 — 282-257 (7th)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . . 14 12 1:06 (7)

Rep. Charles A. Hayes
(Full Name)

1131 Longworth House Office Building
(Mailing Address)

Washington, D. C. 20515

Telephone
225-4372

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State Illinois District 01	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	United Food and Commercial Workers Int'l. Union	Pension	$42,911
	AETNA Life Insurance Company	Annuity	7,212

1705

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Rep. Charles A. Hayes

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name
Rep. Charles A. Hayes

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE [X]

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								

For additional assets and unearned income, use next page

Reporting Individual's Name
Rep. Charles A. Hayes

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Rep. Charles A. Hayes

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 over
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Wright Patman Cong. Federal Credit Union	Personal Loan		x					

Financial Disclosure A-4

Reporting Individual's Name
Rep. Charles A. Hayes

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
National Treasury Emp. Union	8/4-5/91	Roundtrip air travel from Chicago to Denver, Co.; lodging and meals for one night	
National Postal Mail Handlers Union	9/21-22/91	Roundtrip air travel from Chicago to Kansas City, Mo.; lodging and meals for one night	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Rep. Charles A. Hayes

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Chairman of the Board and President	Charles A. Hayes Labor, Community and Cultural Center
Board of Directors	Congressional Black Caucus Foundation, Inc.
Board of Advisors	Martin Luther King Center for Non-violent Social Change
Board of Directors	Chicago Urban League
Board of Directors	Operation PUSH

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) — Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) — Yes [X] No [ ] NA [ ]

Divorced during calendar year 1991

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C. app 6, §104 and 18 U S C §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Charles A. Hayes	May 14, 1992

GPO 1991 90-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 (7)

JAMES A. HAYES
(Full Name)

503 CANNON H.O.B.
(Mailing Address)

(202) 225-2031
Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State LA District 7	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

LIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	LESLIE HAYES AND ASSOCIATES (event planning-self)	spouse income	N/A

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
JAMES A. HAYES

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
AMERICAN PETROLEUM INST.	SPEECH	June 19, 1991	2,000.00
THE CONNELL COMPANY	SPEECH	APRIL 15, 1991	2,000.00
RADIOLOGICAL SOCIETY OF LOUISIANA	SPEECH	OCTOBER 15, 1991	500.00
READERS DIGEST	ARTICLE	DECEMBER, 1991	1,000.00
COIN OPERATED MACHINE (Am. Amusement Asso.)	SPEECH	MAY 6, 1991	1,000.00
CONSOLIDATED NATURAL GAS	SPEECH	FEBRUARY 26, 1991	1,000.00

Reporting Individual's Name: James A. Hayes

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE [X]

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																					Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)															Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X								X										X
			George Wash. Credit Union Accounts			X									X									X							
			182 Main Street, Dover, Delaware				X							X									X								

For additional assets and unearned income, use next page

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Reporting Individual's Name: JAMES A. HAYES

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
JAMES A. HAYES

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	R.T.C. (from First Louisiana FSB)	note			X				
	JACK A. HAYES	note		X					
	WOODLANDS PROPERTY PARTNERSHIP	note		X					

Reporting Individual's Name: JAMES A. HAYES

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle. 3 days food & lodging, self and spouse	
ASSO. of AMERICAN RAILROADS		MAR. 1-8, 1991	Air Travel: from WASH. D.C. to Phoenix; 2 days food & lodging, self & spouse (roundtrip)	
CONNELL RICE & SUGAR		APR. 15, 1991	" " " " " to Newark (Roundtrip), lunch	
AMERICAN Petroleum Inst.		JAN 19, 1991	lodging only; Hershey, Penn.	
BLANCHARD & Co.		MAY 7, 1991	Air Travel N.O. to New York to D.C., meal	
ASSO. GEN. CONTRACTORS		SEPT 30, 1991	N.O. to St. Louis to WASH. D.C. air fare; meals, lodging	
SW Industrial Dev. Council		OCT 21, 1991	Airfare (roundtrip) WASH to N.O. to Gulfport to D.C.	
SOUTH CAROLINA FARM BUREAU		DEC 5-6, 1991	Air fare (roundtrip) D.C. to Myrtle Beach to D.C.; meals, lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JAMES A. HAYES

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
SECRETARY	EVANGELINE OIL REALTY LAFAYETTE, LOUISIANA (uncompensated)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: James A. Hayes

DATE (Month, Day, Year): May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

JOEL M. HEFLEY
(Full Name)

Rm. 222 CHOB
(Mailing Address)

(202) 225-4422
Telephone

Washington, D.C.

HAND DELIVERED

Filer Status	✓ Member of the U.S. House of Representatives	State CO District 5	Officer or Employee	Employing Office
Report Type	✓ Annual (May 15)	Amendment	Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Spouse: Lynn HEFLEY		
	TRiple Diamond LTD.	Manufacturing	
	Property Management	salary	
	Dependent Child: Juli HEFLEY		
	Summer job	salary	

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Joel M. Hefley

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Connell Co.	Speech	4/22/91	$2,000
	Maritime Assn.	Speech		$1000

Reporting Individual's Name

JOEL M. HEFLEY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A–3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)		BLOCK B Year End Value (X): A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
S	Examples	S	ABC Corporation Stock			X								X								X								X
			George Wash. Credit Union Accounts				X								X								X							
			182 Main Street, Dover, Delaware					X						X									X							
JT	1/6 interest in Parkmoor Manor Apts. N. Hancock St., Co. Springs, Co.						X						X											X*					
JT	JAMES Ct. Apts JAMES Ct., Co. Springs, Co.					X							X										X*						
JT	1/2 interest in FOOTE AV. Apts. FOOTE AV., Co. Springs, Co.					X							X										X*						
JT	1/2 interest in Friendship Pl. Apts. Friendship Pl., Co. Springs, Co.					X							X										X*						
	Merrill Lynch Money Mkt. Acct Co. Springs, Co.				X										X							X							
	Piper, Jaffray & Hopwood Money Mkt. Acct. 25 N. Cascade Av., Co. Springs, Co.					X									X								X						

For additional assets and unearned income, use next page

* This rental income does not come to me as personal income but goes to service the mortgage & operating expenses

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
JOEL M. HEFLEY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S DC JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	1/2 interest in FARM N McArthur, Edmond, Okla.				X								X										X						

Reporting Individual's Name: Joel M. Hefley

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name: Joel M. Hefley

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Jim Burton	1/6 of Mortg. on Parkmoor Manor Apts Hancock St. Co. Springs, Co.			X				
JT	Principal Mutual Life - Des Moines, IA.	Mortg. on James Ln. Apts. Co. Springs, Co.		X					
JT	Lomas Co. - Dallas, TX.	1/2 Mortg on Friendship Pl. Apts Co. Springs, Co.		X					
JT	Beverly Group - Denver, Co.	Mortg. on James Ln. Apts. Co. Springs, Co.			X				

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Reporting Individual's Name: JOEL M. HEFLEY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Connell Co.	4/21-22/91	Air Travel from Denver, Co. to Newark, N.J. and then to D.C. One Nights lodging and breakfast	
Klamath Alliance for Resources and Environment	6/7-10/91	Air Travel from Wash. D.C. to San Francisco and Return: Air Travel from San Francisco to Redding & Return: 3 nights lodging & meals for self and daughter	
Cong. Charity Golf Tours, Inc.	9/6-8/91	Bus Travel from D.C. to White Sulphur Springs, W.V. and return Two Nights lodging & food for self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JOEL M. HEFLEY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Joel M. Hefley	5/12/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

W. G. (Bill) Hefner
(Full Name)

2161 Rayburn Building
(Mailing Address)

Telephone

Washington, D. C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State N.C. District Eighth	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

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(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Long and Foster Real Estate	Spouse Commissions	NA

For payments to charity in lieu of honoraria, use next page

1727

Reporting Individual's Name
W. G. (Bill) Hefner

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Burlington Industries Foundation, Greensboro, N.C.	Luncheon meeting	December 16, 1991	2,000

Reporting Individual's Name

W. G. (Bill) Hefner

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional																																
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X								X								
			182 Main Street, Dover, Delaware					X							X								X									
			Fidelity Municipal Bond Fund				X							X										X								X
			Food Lion "B" stock					X						X								X										
			Putnam Tax Free Insured Fund						X					X												X						
			General Electric Co. Stock				X							X								X										
			Occidental Petroleum stock					X						X										X								
			Philip Morris Co. stock				X							X											X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
W. G. (Bill) Hefner

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Wal-Mart Stores, Inc. stock				X							X			X								X					X
	First Charter Corporation stock				X							X								X								
	Eastman Kodak Co. stock	X										X			X					X								X
	Smallcap World Fund stock				X							X							X									
	Tyson Foods, Inc. stock				X							X							X									
	NCNB Corporation stock				X							X								X								X
	Time Warner, Inc. stock				X							X							X									X
	Metro Washington, D.C. & Airport Bonds			X										X						X								
	House, 1065 N.Main St.,Arlington,VA					X							X										X					
	Kemper Tax Exempt Insured Income Trust				X							X									X							
	Mutual Benefit Theatre Partners III				X												Partner-ship,Inc.					X						
	Fidelity Capital Appreciation Fund				X												SEP-IRA Retirement	X										
	Nestle's "A" - ADR	X										X			X					X								X
S	Washington Mutual Investors Fund			X													IRA		X									X

Reporting Individual's Name

W. G. (Bill) Hefner

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	Nestle's "A" - ADR		x		06-03-91		x					
	Fidelity Municipal Bond Fund		x		Var - 1991		x					
	Eastman Kodak Co. stock		x		06-04-91		x					
	Wal-Mart Stores, Inc. stock		x		08-20-91		x					
	NCNB Corporation (Nation's Bank) stock	x			06-04-91		x					
	Time Warner, Inc. stock	x			08-21-91		x					
	Washington Mutual Investors Fund	x			Var - 1991	x						
	Note - Harcourt, Bruce, Jovanovich, Inc. stock with a value of											
	less than $1,000 was exchanged for General Cinama Corp. stock											
	with a value of less then $1,000.											

Reporting Individual's Name
W. G. (Bill) Hefner

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Fleet Real Estate Funding Corp. Florence, SC	Mortgage on 1065 North Main Street, Arlington, VA			x				
	First Charter National Bank Concord, NC	Unsecured note payable due 3/30/92		x					

Reporting Individual's Name: W. G. (Bill) Hefner

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
Kemper Open Pro-Am, Potomac, MD	Waterford glasses, totebag, sweater, and group picture	200

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash. D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D C to Seattle, 3 days food & lodging, self and spouse	
A T & T	04/24/91	Roundtrip Air Travel from Washington, D.C. to Greensboro, N.C. (including one night's lodging)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: W. G. (Bill) Hefner

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Limited Partner	Mutual Benefit Theatre Partners, III

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
W. G. Bill Hefner	5/12/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 12 PM 2 23

HAND DELIVERED

PAUL B. HENRY
(Full Name)

190 Robinwood Lane, S. E. Grand Rapids, Michigan 49506 616-774-2863
(Mailing Address) Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Michigan District 5th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Butterworth Hospital, Grand Rapids, MI	Spouse salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
PAUL B. HENRY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock		X									X								X									X
		George Wash. Credit Union Accounts			X										X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		deferred compensation, St. of Michigan		X											X								X							
		savings & checking accts. in aggregate		X																										
		Sgt. at Arms/US House of Rep.																												
		Michigan National Bank, Wright Patman Fed. CU — in aggregate			X										X							X								
		Merrill Lynch/stock			X								X			X				X	X									
		Oakwood Homes/stock			X								X			X				X	X									

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
PAUL R. HENRY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Charming Shoppes/stock				X								X								X										
Thermo Instruments/stock				X								X								X										
MI State Housing Dev. Auth/bond				X										X								X								
Schwab MoneyMarket Fund				X										X						X										

Reporting Individual's Name

PAUL E. HENRY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Merrill Lynch/stock	X			8/8/91	X						
JT	Oakwood Homes/stock	X			8/26/91	X						
JT	Charming Shoppes/stock	X			8/26/91	X						
JT	Thermo Instruments/stock	X			9/3/91	X						

Reporting Individual's Name
PAUL B. HENRY

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
PAUL B. HENRY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government;* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED ITINERARY				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

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Reporting Individual's Name
PAUL R. HENRY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Member of Board	Economic Club of Grand Rapids

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1.3.85	State of Michigan	coverage for health, life insurance, vested retirement per Michigan State law.
12.31.75	TIAA CREF Calvin College	retirement annuity payout at age 65

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Paul R. Henry	5/15/12

GPO: 1991: 50-267 (m)

PART VII "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING MEALS, ENTERTAINMENT

1. 3/7/91 - 3/10/91 commercial airfare round trip for Member (travel from Washington, D. C. to Naples, FL) and spouse (travel from Grand Rapids, MI to Naples, FL); lodging and meals to participate in seminar on "Health Access America", sponsored by American Medical Association.

2. 3/14/91 - 3/16/91 train travel (round trip) for Member Washington, D. C. to Princeton, NJ; meals and lodging for Member and spouse; to participate in seminars on "A Blueprint for Governing America" sponsored by Congressional Institute, Inc.

3. 4/1/91 - 4/8/91 commercial airfare round trip for Member and spouse from Grand Rapids, MI to Frankfurt, Germany; meals and lodging for Member and spouse to participate in Bundestag-Congress Conference sponsored by Congressional Study Group on Germany (funded by German Marshall Fund of U.S.) visits to Bonn and Dresden were included. Daughter accompanied Member and spouse at Member's expense.

4. 8/15/91 - 8/16/91 one night's lodging and meals for Member and spouse, Mackinac Island, MI to speak to Board of Directors of Michigan Road Builders Assoc. on occupational, safety & health issues. Michigan Road Builders Assoc. sponsored.

5. 11/30/91 - 12/7/91 commercial airfare round trip for Member and spouse from Grand Rapids, MI to Rome, Italy; meals and lodging; to participate in Ninth Annual Transatlantic Conference sponsored by Ripon Educational Fund, Inc.

7

92 7 13 PM 2 59

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

HAND DELIVERED

WALTER WILLIAM HERGER, JR.
(Full Name)

7115 Galgate Drive
(Mailing Address)

Telephone

Springfield, VA 22152 (O) 202/225-3076

Filer Status	X Member of the U.S. House of Representatives	State California District 2nd	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
WALTER WILLIAM HERGER, JR.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

SP, DC, JT		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.																												
	Examples	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X								X								
		RENTAL HOUSE (Rio Oso, CA)						X						X											X					
		HERGER RANCH (Rio Oso, CA)								X										X										
		HERGER GAS, INC. (Rio Oso, CA)								X			X												X					
		MONTROSE BARBER INVESTMENT				X										X				X										
		(Sacramento, CA)																												
		IRA - SHEARSON, LEHMAN			X								X									X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
WALTER WILLIAM HERGER, JR.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
SAVINGS (Congressional Federal			X										X						X							
Credit Union, WDC)																										
SAVINGS (Feather River State			X										X						X							
Bank, Marysville, CA)																										

1745

Reporting Individual's Name

WALTER WILLIAM HERGER, JR.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

1746

Reporting Individual's Name

WALTER WILLIAM HERGER, JR.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: WALTER WILLIAM HERGER, JR.

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute, Inc.	Mar. 14-16, 1991	Rdtrip. Train from WDC to New Jersey, Lodging-Food-Entertainment, 3 days/2 nights, Self-Spouse-Family	
Klamath Alliance for Res. & Environment	June 7 - 10, 1991	Rdtrip. Air from WDC to Redding,CA, Lodging-Food-Entertainment, 4 days/3 nights, Self & Spouse	
Nat'l Agri-Chemical Assoc.	Sept. 28-30, 1991	Rdtrip. Air from WDC to West Virginia, Lodging-Food-Entertainment, 3 days/2 nights, Self & Spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: WALTER WILLIAM HERGER, JR

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
DIRECTOR	Herger Gas, Inc. (Propane Gas Distrib., Rio Oso, CA)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) — Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) — Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Walley Herger	May 13, 1992

GPO 19[illegible]-50-267 (91)

INSIDE MAIL

WALLY HERGER
2D DISTRICT, CALIFORNIA
PLEASE REPLY TO
☐ WASHINGTON OFFICE
1108 LONGWORTH HOUSE OFFICE BUILDING
(202) 225-3076
DISTRICT OFFICES
☐ 55 INDEPENDENCE CIRCLE, SUITE 104
CHICO, CA 95928
(916) 893-8363
☐ 2400 WASHINGTON AVE., SUITE 410
REDDING, CA 96001
(916) 241-9568
☐ 951 LIVE OAK BLVD., SUITE 11
YUBA CITY, CA 95991
(916) 673-1917

Congress of the United States
House of Representatives
Washington, DC 20515-0502

COMMITTEE ON AGRICULTURE

COMMITTEE ON
MERCHANT MARINE AND
FISHERIES

SELECT COMMITTEE
ON NARCOTICS
ABUSE AND CONTROL

W 92

MC

May 18, 1992

Honorable Donnald K. Anderson
Clerk of the House
U.S. House of Representatives
H105 Capitol
Washington, DC 20515

Dear Donnald:

This serves to amend my Financial Disclosure Form for the calendar year 1991.

Under Part VII (Reimbursements and Gifts of Transportation, Lodging, Meals, Entertainment), for all three trips mentioned "entertainment" was inadvertently listed and should not have been.

Also, for the trip sponsored by the Congressional Institute, the correct recipients should read "self and spouse."

Thank you for your attention to this matter.

Sincerely,

Wally Herger

WALLY HERGER
Member of Congress

WH/jm

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(6)

Dennis M. Hertel
(Full Name)

2442 Rayburn Building
(Mailing Address)

Washington, D.C. 20515

Telephone: (202) 225-6276

Filer Status	[X] Member of the U.S. House of Representatives	State Michigan District 14th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED
MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

1751

Reporting Individual's Name

Dennis M. Hertel

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X									X						
		Wright Patman Federal Comp. C/U		X											X							X							
		Condominium unit in Haslett, MI (on Maple Ridge Road)				X							X											X					

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For additional assets and unearned income, use next page

Reporting Individual's Name
Dennis M. Hertel

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Dennis M. Hertel

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependant child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18

NONE ☐

SP, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Empire of America, Detroit, MI	Mortgage on condominium unit in Haslett, MI (on Maple Ridge Road)		X					

1754

Reporting Individual's Name
Dennis M. Hertel

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Electronics Industry Association		3/25/91 - 3/28/91	Roundtrip travel from Wash., DC to Ft. Meyer, 3 days food and lodging for self and spouse.	
Motor Vehicle Manufacturers Assoc.		4/25/91 - 4/26/91	Travel from Detroit, MI to Washington, D.C. and one night's lodging.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Dennis M. Hertel

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Member, Board of Directors	Cystic Fibrosis Foundation, Metropolitan Detroit Chapter
Member, Board of Visitors	Oakland University School of Nursing
Member	Cub Scout Pack Committee

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
D. M. Hertel	May 14, 1992

GPO: 1991: 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . 24 PM 1:50

HAND DELIVERED

(7)

MC

(Office Use Only)

1757

PETER J. HOAGLAND
(Full Name)

1710 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515-2702

Telephone (202) 225-4155

Filer Status	[X] Member of the U S House of Representatives	State Nebraska District 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Peter J. Hoagland

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware						X						X									X							
	Fidelity Cash Reserves						X							X									X								
	Congressional Federal Credit Union					X										X					X										
	Norwest Money Market Savings					X										X					X										
	Vanguard Fixed Income Sec. Fd.(Keogh)								X										N/A												
	Fidelity High Income Fund (IRA)					X													N/A												
	Fidelity Flexible Bond Fund (Spousal IRA)					X													N/A												

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Peter J. Hoagland

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX Over $1,000,000	
Carpenter Cottage Corp.						X											*	X								
Sergeant at Arms, US House of Representatives	X																N/A	X								
Loan to Hoagland for Congress Committee						X							X					X								

*The sole assets of the Carpenter Cottage Corporation consist of a cottage and land at Omaha Beach, Lake Okoboji, Iowa. All outstanding stock is owned by me and other family members.

Reporting Individual's Name

Peter J. Hoagland

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Financial Disclosure A-3

Reporting Individual's Name
Peter J. Hoagland

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Peter J. Hoagland

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Yale Law School		Oct. 11-12,1991	Roundtrip air from Washington, D.C. to New Haven, Connecticut 1 night lodging	
National Association of Realtors		Feb. 1-2, 1991	Roundtrip air from Washington, D.C. to San Antonio, Texas 1 night lodging and meals for two days	
So. Utah Wilderness Alliance/ Sierra Club		Sept. 5-9, 1991	Roundtrip air from Washington, D.C. to Grand Junction, Colorado, self and spouse, meals and lodging for five days	
American Israel Public Affairs Comm.		Nov. 3, 1991	Roundtrip air from Washington, D.C. to St. Louis, Missouri	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Peter J. Hoagland

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Proprietor	Law Offices of Peter Hoagland
Member	House of Delegates of the Nebraska Bar Association

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month, Day, Year) May 28, 1992

GPO 1991 50-287 (m)

PETER HOAGLAND
2ND DISTRICT, NEBRASKA

1710 LONGWORTH HOUSE
OFFICE BUILDING
WASHINGTON, D.C. 20515-2702
(202) 225-4156

8424 ZORINSKY FEDERAL BUILDING
215 NORTH 17TH STREET
OMAHA, NEBRASKA 68102-4810
(402) 344-8701

INSIDE MAIL

Congress of the United States
House of Representatives

COMMITTEE ON BANKING, FINANCE AND URBAN AFFAIRS
SUBCOMMITTEES
FINANCIAL INSTITUTIONS SUPERVISION, REGULATION AND INSURANCE
ECONOMIC STABILIZATION

COMMITTEE ON INTERIOR AND INSULAR AFFAIRS
SUBCOMMITTEES
NATIONAL PARKS AND PUBLIC LANDS
WATER, POWER, AND OFFSHORE ENERGY RESOURCES

COMMITTEE ON THE JUDICIARY
SUBCOMMITTEE
CRIME AND CRIMINAL JUSTICE

June 1, 1992

1

✓
MC

1992 JUN -3 PM 2:56

The Honorable Louis Stokes
Chairman
Committee on Standards of Official Conduct
HT2 of the Capitol
Washington, DC 20515

Dear Mr. Stokes:

This letter is to inform the Committee on Standards of Official Conduct of an error in my Financial Disclosure Statement for Calendar Year 1991. On page 6 of 7, Part VII, the description for the So. Utah Wilderness Alliance / Sierra Club listing should have said "self and daughter" (*not* "self and spouse").

Very truly yours,

Peter Hoagland

PH:shc

RECEIVED
92 JUN -3 AM 10:20
COMMITTEE ON STANDARDS

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(14)

RECEIVED
1992 MAY 15 AM 11:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

David L. Hobson
(Full Name)

1338 Longworth Building
(Mailing Address) Telephone

Washington, DC 20515

Filer Status	X Member of the U.S. House of Representatives	State: Ohio District: 7	Officer or Employee	Employing Office:
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date:

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Ohio (Senate Member)	Wage	$ 283.

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

1765

LOGE HOBSON ### CONG HOBSON 002

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

David L. Hobson

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Ohio Dental Association, Columbus, Ohio	Speech	March 2, 1991	$ 500.
National Restaurant Association, Chicago, Illinois	Participation in Conference	May 15-17, 1991	$ 1,000.
Edison Electric Institute	Speech	October 23, 1991	$ 250.

05/14/92 14:35 ☎513 325 8188 Cong Hobson --- CONG HOBSON 003

1767

Reporting Individual's Name

David L. Bobson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude. Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																			Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: S George Wash. Credit Union Accounts				X									X									X						
	Examples: 182 Main Street, Dover, Delaware					X							X									X							
	Salem-Olive Associates (Partnership) Olive Rd Dayton OH (Building & Ground)						X						X					Partnrshp Loss	X										
	Nineteen Thirty S.Limestone (Ptnrshp) Springfield OH						X					X	X					Partnrshp Income				X							
	Land in I-FOUR Partnership 2141 N.Limestone St., Springfield OH				X								X					Partnrshp Loss	X										
	Land in I-FOUR Partnership 2214 N.Limestone St., Springfield OH				X								X					Partnrshp Loss	X										
	Grandview Storage Assoc. (Ptnrship) 4.5 acres, Urlin Ave., Columbus OH								X				X					Partnrshp Loss	X										
	Leader--Interest in Oil Well Ptnrshp Columbus OH			X														Oil & Gas Ptnrshp			X								

For additional assets and unearned income, use next page

Reporting Individual's Name: David L. Hobson

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	over $1,000,000		I DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	over $1,000,000	
	Fujiyama Columbus (Partnership) Columbus OH Restaurant						X											Partnrshp Loss	X										
	Fujiyama Indianapolis (Partnership) Indianapolis IN Restaurant						X											Partnrshp Loss	X										
	Cablevision of Baton Rouge (Ltd.Ptshp) Englewood CO				X													Partnrshp Loss	X										
	Hobson/Marcum Farm (Partnership) 185 acre Farm, Vinton County OH				X													Partnrshp Loss	X										
	Retirement Resources, Inc. (S-Corp) Springfield OH			X														S-Corp Loss	X										
	Fujiyama Int'l, Inc. (S-Corp) Columbus OH					X												S-Corp Income					X						
	721 E. High St., (Residential Rental) Springfield OH (Joint Ownership)					X							X					Net Loss						X					
	G & H Trucking (Sole Proprietorship) Springfield OH			X															X										
	Fujiyama Columbus Partnership Note Receivable					X								X										X					
	Fujiyama Indianapolis Partnership Note Receivable						X							X										X					
	Retirement Resources, Inc. Note Receivable				X									X					X										
	Ramada Inn/Parke Hotel Note Receivable					X								X					X										
S	Delaware Group (Mutual Fund)				X							X										X							
	Kemper Technology (Mutual Fund)				X							X			X								X						
	Cooker Restaurant Corp (Stock)							X				X										X							

05/15/92 09:24 Bill 325 $108 Code: Hobson 444 TONG-HOBSON 002
57-539 1768

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: David L. Hobson

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I $201 - $1,000	II $1,001 - $2,500	III $2,501 - $5,000	IV $5,001 - $15,000	V $15,001 - $50,000	VI $50,001 - $100,000	VII $100,001 - $1,000,000	VIII over $1,000,000	BLOCK D Transaction (X)
	IBM Corporation (Stock)			X								X								X								
	Security Banc Corp (Stock)				X							X									X							
S	Security Banc Corp (Stock)				X							X										X						
S	Proctor & Gamble Co. (Stock)			X								X								X								
	Financial Land Corporation (Stock)					X						X							X									
	Int'l Basic Resources (Stock)			X								X							X									
	Republic Oil (Stock)			X								X							X									
S	Avon, Inc. (Stock)			X								X									X							
S	Union Electric (Stock)			X								X									X							
	Fidelity Investment Advisors (Stock)				X							X							X									
	Society National Bank (CD) Dayton OH					X								X								X						
	Fifth Third Bank (CD) Columbus OH				X									X								X						
	ASSETS IN SOCIETY BANK GRANTOR TRUST:																											
	Marietta GA, Housing Bond				X									X								X						
	Hamilton County OH Hospital Bond				X									X								X						

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Reporting Individual's Name: David L. Hobson

PAR II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

S, DC, JT	BLOCK A Asset and/or Income Source (may identify each asset and/or income source yours, your spouse's (S), your dependent child's), or jointly held (JT). This is optional.	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK D Transaction (X)
	ASSETS IN SOCIETY BANK GRANTOR TRUST: (CONTINUED)																												
	Clermont County OH Hospital Bond			X										X								X							
	Ohio State Building Bond			X										X									X						
	Wright State University Bond			X										X								X							
	Society Money Market Fund		X											X								X							
	Land 5+ acres (1/3 ownership) Emerson Avenue, Indianapolis IN					X													X										
	Land 3.1 acres (1/3 ownership) Cleveland Avenue, Columbus OH					X													X										
	Eagle City Rd ,Springfield (Vacant Lot) Hobson/Kaffenbarger/Noonan (Partnrshp)			X														land held for investment	X										
	STOCKS HELD IN IRA ADVEST A/C 161-48652:																												
	First Franklin Corp		X									X									X								
	Limited, Inc.		X									X								X									
	Ohio Edison		X									X								X									
	Proctor & Gamble		X									X								X									
	Society Corp		X									X								X									
	Advest Money Market Fund		X											X						X									

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual: David L. Hobson

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	You may identify each asset and/or income source if yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
	STOCKS HELD IN IRA - ADVEST A/C 163-53617																											
	Airborne Freight Corp			X								X								X								
	Financial Land Corporation			X								X							X									
	First Franklin Corp			X								X								X								
	Limited, Inc.			X								X								X								
	Ohio Public Employee Retirement Fund				X													Future Retirement Benefits	X									

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Reporting Individual's Name

David L. Hobson

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE ☐

S,DC,JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Hamilton County OH Health Bond		X		3-11-91		X					
	National Gas & Oil Co (Sale within Advest IRA A/C 161-48652)		X		5-8-91	X						
	Proctor & Gamble Co (Purchase within Advest IRA A/C 161-48652)	X			7-9-91	X						

Reporting Individual's Name

David L. Hobson

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

B, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Society National Bank	One year note secured by stock			X				
	Huntington National Bank	Unsecured Personal note		X					
	Huntington National Bank	Mortgage on 2141 N. Limestone Springfield OH		X					
	Huntington National Bank	Mortgage on 2214 N. Limestone Springfield OH		X					
	Carol Frantz	Land Contract in excess of 3 years 721 East High, Springfield OH			X				
	Vinton County Bank	Mortgage on 185 acre farm Allensville OH		X					
	Home Savings of California--Fujiyama Columbus	Mortgage on Fujiyama Restaurant Columbus OH					X		
	Star Bank of Central Ohio	Mortgage on Warehouse Urlin Avenue, Columbus OH						X	
	Home City Savings, Springfield	Mortgage on 1930 South Limestone Springfield OH			X				
	Fifth Third Bank of Columbus - PAID OFF IN 1991	Note Secured by Stock	X						
	Tom Vereen - PAID OFF IN 1991	Mortgage on Eagle City Road Lot Springfield, OH		X					
	Bank One Dayton - Salem Olive	Mortgage on Olive Road, Dayton OH			X				
	Financial Land Corporation	Business note - Grandview Storage Urlin Avenue, Columbus OH				X			
	Huntington National Bank	Business note - Eagle City Road, Springfield		X					
	Society Bank	Mortgage on Fujiyama Restaurant Indianapolis IN				X			

Reporting Individual's Name

David L. Hobson

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 and over
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Bank One	Revolving line of credit		X					
	Society Bank - Paid off in 1991	Personal guarantee of Fidelity Investment Advisor's Business Note				X			
	Financial Land Corp - Paid off in 1991	Personal note secured by Investment	X						
	Fifth Third Bank of Columbus-Paid off in 1991	Business Note Fujiyama Columbus		X					
	Huntington National Bank	Mortgage on 3.1 acres, Columbus OH			X				

Financial Disclosure A-4(a)

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Reporting Individual's Name

David L. Hobson

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Medical Association		3/7-10/91	Member & Spouse (Speech & Participation in Conference). Airfare from Washington DC to Naples FL to Cleveland OH and 2 nights lodging and meals	
Elyria United Methodist Home		3/11/91	Member only -(Speech) One way airfare from Cleveland OH to Dayton OH	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

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Reporting Individual's Name
David L. Hobson

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Congressional Institute/Princeton	3/14-16/91	Member & Spouse, Roundtrip train fare from Washington DC to Princeton NJ, and 2 nights lodging and meals	
Honda of America Mfg., Inc.	4/11/91	Member Only (Conference on Trade and Business Issues with Japanese and American Honda Officials)- One way air travel from Washington DC to Columbus OH & 1 meal	
National Restaurant Association	5/17-19/91	Member & Spouse (Participation in annual conference to discuss Restaurant & Business issues)- roundtrip air fare from Washington DC to Chicago IL, 3 nights lodging & meals & ground transportation	
National Conference of State Legislatures (NCSL)	8/15/91	Member only (Speech/Roundtable for Legislative Leaders)- roundtrip air fare from Dayton OH to Orlando FL -no lodging or meals	
O. M. Scott & Sons Company	11/12/91	Member Only (Keynote speech for the opening of a pilot composting project to reduce yard waste)- air travel from Columbus OH to Washington DC	

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Reporting Individual's Name

David L. Hobson

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
	(SEE ATTACHED) PAGE A-6(a)

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1982-Present	State of Ohio Public Employee Retirement System	Continuing Participation in Retirement Plan

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
David L. Hobson	May 14, 1992

DAVID L. HOBSON
FINANCIAL DISCLOSURE STATEMENT
FOR CALENDAR YEAR 1991

PART VIII - POSITIONS

POSITION		NAME OF ORGANIZATION
Trustee	*	Wilberforce University
Trustee	*	Urbana University
Director	*	Cooker Restaurant Corporation
Director	*	Retirement Resources, Inc.
Partner	**	Leader Oil Well Limited Partnerships
Partner	**	I-Four
Partner	**	Fujiyama Restaurants - Indianapolis & Columbus
Partner	**	AMEX 73-II, LTD.
Partner	**	Cablevision of Baton Rouge, Ltd.
Partner	**	Eastern Shelex 1985-A LTD.
Partner	**	Hobson/Marcum Farm
Partner	**	Hobson/Kaffenbarger/Noonan
Partner	**	Salem-Olive Associates
Partner	**	Grandview Storage Associates
Partner	**	Nineteen Thirty S. Limestone Partners

* The Trustee and Director positions were not compensated in 1991.

** The Partnerships are each included in Part II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 17 11:35

(1)

GEORGE J. HOCHBRUECKNER
(Full Name)

1 WYCOMB PLACE
(Mailing Address)

CORAM, NEW YORK 11727

Telephone 516 331-4331

HAND DELIVERED

Filer Status	✓ Member of the U S House of Representatives	State NEW YORK District 1	Officer or Employee	Employing Office
Report Type	✓ Annual (May 15)	Amendment	Termination	Termination Date

MK (Office Use Only)

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In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	STATE OF NEW YORK - EMERGENCY MANAGEMENT OFFICE	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
GEORGE HOCHBRUECKNER

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
E.I. DU PONT de NEMOURS + CO	APPEARANCE-JUDGING FOR ENVIRONMENTAL AWARDS	JAN. 3 1991	$ 1,000

Reporting Individual's Name
GEORGE HOCHBRUECKNER

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)																				Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: ABC Corporation Stock	S			X								X									X											X
	George Wash. Credit Union Accounts					X									X									X									
	182 Main Street, Dover, Delaware						X							X									X										
JT	REAL ESTATE 1/3 ACRE UNIMPROVED LOT CALIFORNIA CITY, CALIF.				X																												
	WRIGHT PATMAN CREDIT UNION IRA - GEORGE HOCHBRUECKNER				X																												
	WRIGHT PATMAN CREDIT UNION IRA - CAROL ANN HOCHBRUECKNER				X																												

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For additional assets and unearned income, use next page

Reporting Individual's Name
GEORGE HORNBRUECKNER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
GEORGE HOCHBRUECKNER

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	WRIGHT PATMAN FEDERAL CREDIT UNION	PERSONAL LOAN	X						

Reporting Individual's Name
GEORGE HOCHBRUECKNER

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$136
E.I. DUPONT DE NEMOURS + CO	REPRODUCTION PAINT	$180

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle. 3 days food & lodging, self and spouse	
LITTON INDUSTRIES	MAY 10-13, '91	ROUNDTRIP AIR FROM WASH DC TO LOS ANGELES 1 DAY FOOD + LODGING, SELF AND SPOUSE — SPEECH	
PROCTOR + GAMBLE CORP.	JUNE 24, '91	AIR TRAVEL FROM ISLIP, N.Y. TO ALBANY NY TO WASH. D.C. LUNCH — SPEECH	
LYME BORRELIOSIS FOUNDATION INC.	JUNE 30 JULY 1, '91	2 DAYS FOOD + LODGING ON SHELTER ISLAND N.Y. SELF AND SPOUSE — SPEECH	
CITY OF CHICAGO	SEP. 19-22, '91	ROUNDTRIP AIR FROM WASH DC TO CHICAGO 3 DAYS FOOD + LODGING, SELF AND SPOUSE — FACT FINDING	
LOS ANGELES HOST COMMITTEE	DEC. 2-5, '91	ROUNDTRIP AIR FROM WASH. D.C. TO LOS ANGELES 4 DAYS FOOD + LODGING — FACT FINDING	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
GEORGE HOCHBRUECKNER

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
George J. Hochbrueckner	MAY 15, 1992

GPO 1991 50-267 (W)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

Clyde C. Holloway
(Full Name)

1207 Longworth House Office Building
(Mailing Address)

Telephone

Washington, D. C. 20515

Filer Status	[X] Member of the U S House of Representatives	State Louisiana District 8th	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MAY 15 1992
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Plantscape	Sole Proprietor	Gross 44,734
	6731 Nasonic Dr.		Loss (18,928)
	Alexandria, La. 71301		
	Holloway's Nursery	Sole Proprietor	Gross 1,081,100
	P O Box 339		Profit 23,267
	Forest Hill, La. 71430		

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Clyde C. Holloway

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S — ABC Corporation Stock		X									X								X									X
	Examples: George Wash. Credit Union Accounts				X									X								X							
	Examples: 182 Main Street, Dover, Delaware				X								X								X								
JT	England Federal Credit Union			X										X						X									
JT	American Security Bank				X									X								X							
JT	Pelican Homestead Savings		X											X					X										
	Pelican Homestead Savings-IRA		X											X															N/A
S	Pelican Homestead Savings-IRA		X											X															N/A
JT	Congressional Federal Credit Un			X										X					X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Clyde C. Holloway

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)													Transaction (X)
S, DC, JT			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Security 1st Nat'l Bank					X									X									X								
JT	Evangeline Bank					X									X									X								
JT	Federal Land Bank-Stock				X								X							X												
JT	Pan-American Airlines-Stock			X									X							X												
JT	Forest Hill Speedway, Inc.-Stk.						X						X							X												
JT	199 Acres-Nursery							X										Sole Pr.		X												
JT	Nursery, Plantscape, Inventory																															
	Building, & Equipment										X							Sole Pr.		X												

Reporting Individual's Name: Clyde C. Holloway

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [ ]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Clyde C. Holloway

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				x			
JT	American Security Bank	Certificate of Deposit			x				
JT	Federal Land Bank	Mortgage on Nursery-F.H., La.							
JT	Security 1st Nat'l Bank	Mortgage on Nursery-F.H., La.				x			
JT	Congressional Federal Credit Union	Open		x					
JT	Hibernia Nat'l Bank	Mortgage on Nursery-F.H., La.				x			
JT	Ford Motor Credit	Trucks	x						
JT	Farmer's Home Administration	Mortgage on Nursery-F.H., La.					x		

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Reporting Individual's Name: Clyde C. Holloway

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [x]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$185

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
U. S. Telephone	4/19-21/91	Round trip airfare for self and spouse to Greenbriar Resort in West Virginia, two nights lodging and meals	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name: Clyde C. Holloway

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization	
President	Forest Hill Speedway, Inc.	Forest Hill, La.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Clyde C. Holloway	5 15 92

CLYDE C. HOLLOWAY
8TH DISTRICT, LOUISIANA

COMMITTEE ON AGRICULTURE
COMMITTEE ON SMALL BUSINESS
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

DISTRICT OFFICES
☐ 1033 SWAN STREET
SUITE A
BATON ROUGE, LA 70807
(504) 774-0754

☐ 2049 CHARTER STREET
HIGHWAY 10
JACKSON, LA 70748
(504) 634-5044

Congress of the United States
House of Representatives
Washington, DC 20515

1208 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-4926

DISTRICT OFFICES
☐ 515 MURRAY STREET
P.O. BOX 410
ALEXANDRIA, LA 71309
(318) 473-7430

☐ 250 S. UNION STREET
P.O. BOX 307
OPELOUSAS, LA 70571
(318) 942-1115

☐ CITY HALL BUILDING
120 S. IRIS BOULEVARD
GONZALES, LA 70737
(504) 647-2000

June 1, 1992

Mr. Donald K. Anderson
Clerk of the House
US House of Representatives
H 105, US Capitol
Washington, D.C. 20515

INSIDE MAIL

(1) ✓ MC

Dear Mr. Anderson:

I am writing to request that a technical amendment be made to my Financial Disclosure Statement for Calendar Year 1991 which I have previously submitted to your office. Specifically, the "gift" box on page 6 of my report should not have been checked.

The entry in question was related to the conduct of official business and was not a gift in any respect. The gift box was simply checked in error. Via this letter, I am respectfully requesting that my report be promptly amended and the correction made.

Thank you for your prompt attention to this matter.

With best regards, I am

Sincerely,

Clyde C. Holloway

CLYDE C. HOLLOWAY
Member of Congress

CCH/stl

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 [illegible] 12 PM 2 45

[illegible]

Larry Jones Hopkins
(Full Name)

2437 Rayburn House Office Building — 202/225-4706
(Mailing Address) — Telephone

Washington, D. C. 20515

HAND DELIVERED

11

Filer Status	XX	Member of the U S House of Representatives	State Kentucky District Sixth	Officer or Employee	Employing Office
Report Type	XX	Annual (May 15)	Amendment	Termination	Termination Date:

MC **(Office Use Only)**

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Carolyn Hopkins, Color Consultant	Fees and Commissions	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Larry Jones Hopkins

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $1,000,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S DC JT	Examples	S ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X								X						
		182 Main Street, Dover, Delaware					X							X									X						
		Kemper Cash Equivalent Fund Mutual Fund			X								X									X							
		Congressional Fed. Credit Union			X										X							X							
		Hilliard Lyons Guarantee & Trust IRA (holding for Growth Fund of America and Eastman Kodak Company Bond)			X														NA										
S		Hilliard Lyons Guarantee & Trust IRA (holding for Growth Fund of America and Eastman Kodak Company Bond)			X														NA										

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Larry Jones Hopkins

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Kemper Cash Equivalent Fund Mutual Fund			X								X									X								
DC	First Security Corporation Stock			X								X								X									
DC	KU Energy Corporation Stock ~~(Formerly Kentucky Utilities)~~			X								X									X								
DC	Wiser Oil Stock			X								X								X									
DC	Bank of Lexington				X									X								X							
	2 acres of farmland in Graves Co. Kentucky (Map # 58-47D & 47E) (No improvements)			X															X										
	Hilliard Lyons Profit Sharing Plan				X														X										
	State of Kentucky Retirement			X															X										

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Reporting Individual's Name

Larry Jones Hopkins

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [XXX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Larry Jones Hopkins

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [XXX]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del				X			

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Reporting Individual's Name: Larry Jones Hopkins

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [XXX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [XXX]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name: Larry Jones Hopkins

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Board of Visitors	United States Naval Academy

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [XXX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) — Yes [ ] No [XX] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) — Yes [ ] No [XX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Larry J. Hopkins	May 12, 1992

GPO 1991 50-267 (IP)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(10)

1992 MAY 15 PM 2 11

HAND DELIVERED

MC (Office Use Only)

Joan Kelly Horn
(Full Name)

8570 Colonial Lane
(Mailing Address)

St. Louis, Missouri 63124

Telephone: 314/862-7586

Filer Status	[X] Member of the U.S. House of Representatives	State Missouri District Second	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Member, U.S. House of Representatives	Salary	$113,980.00
	Curators of the Univ. of Missouri - St. Louis	Spouse Salary	$ 85,873.09
	Leadership St. Louis	Spouse Honoraria	$ 6,000.00
	Development Strategies, City of Ballwin	Spouse Consulting	$ 1,000.00
	CBS, Inc.	Spouse Consulting	$ 200.00
	State of Missouri, Office of Administration	Spouse Consulting	$ 2,600.00
	Forest Park Forever	Spouse Consulting	$ 800.00
	Peper, Martin, Jensen Law Firm	Spouse Consulting	$ 800.00

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Joan Kelly Horn

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
Congressional Quarterly Election '92 Conf.	Speech	Nov. 11, 1991	$200.00
National Grocers Association	Appearance	June 25, 1991	Groceries
(In addition, Joan Kelly Horn			
donated $19,500 of her salary to			
charities. A separate attached page			
lists these payments and recipients.)			

Reporting Individual's Name
Joan Kelly Horn

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																								Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)													Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			i None	ii Less than $201	iii $201 - $1,000	iv $1,001 - $2,500	v $2,501 - $5,000	vi $5,001 - $15,000	vii $15,001 - $50,000	viii $50,001 - $100,000	ix $100,001 - $1,000,000	x over $1,000,000		
S, DC, JT	Examples	S	ABC Corporation Stock			X								X										X												X
			George Wash. Credit Union Accounts				X									X										X										
			182 Main Street, Dover, Delaware					X							X										X											
S	Anheuser Busch Cos - Stock						X							X										X												
S	High Income Adv Tr II SBI					X								X										X												
S	Merry Go Round Entpr Stock					X								X									X													
S	Penn Central Corp Stock					X								X									X													
S	Dean Witter Utility Fund					X								X										X												
S	Active Assets Money Trust						X							X											X											

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Joan Kelly Horn

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Prudential Securities-Securities Ac #OLM -15 1998-79			X								X								X								X
	Prudential Securities-Retirement Ac #CZM -RC 8191-79			X								X			X					X								X
	Prudential Securities-Retirement Ac #AGI - 8181 79				X							X									X							

Reporting Individual's Name

Joan Kelly Horn

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 - $1
Example	ABC Corporation Common Stock	X			10-12-90		X					
S	Merry Go Round Stock	X			9/12/91	X						
	Prudential Securities - Securities Account #CLM-157448-79											
	UTS GSIF GNMA SRI RG		X		5/28/91	X						
	Pru Utility Fund B		X		8/14/91	X						
	Pru Utility Fund B		X		8/22/91	X						
	Prudential Securities - Retirement Acct - Optimax #CLM-828191-79	X			1/31/91	X						

Reporting Individual's Name
Joan Kelly Horn

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Resolution Trust Corp.	Mortgage on 8570 Colonial Lane			X				

Financial Disclosure A-4

Reporting Individual's Name: Joan Kelly Horn

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
(Reimbursement to spouse for travel in 1991 was totally independent of the recipient relationship with the reporting individual.)				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Joan Kelly Horn

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name: Joan Kelly Horn

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) — Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) — Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Joan Kelly Horn	5-15-92

GPO 1991 50-267 (m)

JEAN KELLY HORN

Donations to Charities

1991

1)	February:	$1000	ALIVE
2)		$1000	Salvation Army in St. Charles
3)	March:	$1000	Progressive Youth Center
4)	April:	$1000	Bridgeway
5)	May:	$1000	Mid Rivers Chapter of Vietnam Veterans of America
6)	June:	$1000	Redevelopment Opportunities for Women
7)	July:	$1000	Combinations
		$1000	Catholic Charities - St. Charles County
8)	August:	$1000	Ballwin Athletic Association
		$1000	Mid-East Area Agency on Aging's Home Delivered Meals Program
9)	September:	$1000	D.A.R.E - Valley Park
		$1000	D.A.R.E - St. Charles
10)	October:	$1000	Lupus Foundation
		$ 800	Children United Research Effort (Children's Hospital Cancer Center)
		$ 200	Quilt - Women's Self-Help Center
11)	November	$250	Habitat for Humanity
	December	$500	St. Louis Ambassadors Toy Drive
		$500	KTVI Toy Drive
		$1000	Toys for Tots (Marines)
		$1000	Rainbow Mission
		$1000	KSHE Food Drive
		$1000	Circle of Concern
		$250	American Diabetes Association 100 Neediest Cases

JOAN KELLY HORN
2ND DISTRICT, MISSOURI

1008 LONGWORTH
WASHINGTON, DC 20515-2502
(202) 225-2561

9666 CLAYTON BOULEVARD
ST. LOUIS, MISSOURI 63132-3013
(314) 997-6767

520 SOUTH MAIN STREET
ST. CHARLES, MISSOURI 63301
(314) 409-5080

Congress of the United States
House of Representatives

PUBLIC WORKS AND TRANSPORTATION COMMITTEE

SCIENCE, SPACE, AND TECHNOLOGY COMMITTEE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

92 . 21 . 25

HAND DELIVERED

May 21, 1992

(2)

Mr. Donnald K. Anderson
Clerk
Office of Records and Administration
1036 Longworth House Office Building
Washington, D.C. 20515

NC

Dear Mr. Anderson:

I am writing this letter to accompany a clerical correction to my Financial Disclosure for 1991.

The correction appears in "Parts II and III - Assets and 'Unearned' Income" which appears on page 4 of 10 of the report. The clerical correction pertains to my two Prudential Securities Retirement Accounts. In addition, the Prudential Securities-Securities Account earned income from dividends and interest.

If you have any questions, please do not hesitate to contact me or the preparer of this report and the clerical correction, Bruce Singleton.

Sincerely,

Joan

Joan Kelly Horn

Printed on Recycled Paper

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Joan Kelly Horn

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Prudential Securities-Securities Acct #CGM - 159948-79			X								X		X						X							X
Prudential Securities-Retirement Acct #CGM - 808191-79				X							X									X						X
Prudential Securities-Retirement Acct #AGI - 818179			X								X			X					X							

1812

JOAN KELLY HORN
2ND DISTRICT, MISSOURI

Congress of the United States
House of Representatives

June 9, 1992

HAND DELIVERED

Mr. Donnald K. Anderson
Clerk
Office of Records and Administration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

This letter is to clarify various portions of my 1991 Financial Disclosure Report.

The Transactions Page, Part IV, inadvertently overlooked the sale at a loss of General Dynamics spousal stock on January 21, 1991 in Category B transactions.

Regarding payments in lieu of honoraria, Part IB, on November 11, 1991, I spoke at the Congressional Quarterly Election 1992 Conference at the Holiday Inn Crowne Plaza in Washington, D.C. The honoraria payment of $200 was not designated in 1991, and remained with Congressional Quarterly. On June 25, 1991, I attended a "Grocers Care" Congressional Reception in the Rayburn House Office Building. The hosts, the National Grocers Assocation donated an order of groceries to a food bank, Loaves and Fishes, in Maryland Heights, Missouri.

Under Parts II and III, the "Active Assets Money Trust" reported in the 1991 report did not appear in the 1990 report because it serves as a spousal checking account and was below disclosure threshold. Also not noted in the 1990 or 1991 reports was a spousal Dean Witter IRA account worth $5,500 - $6,100 and a spousal TIAA portable pension retirement account worth approximately $32,000.

If you have any further questions, please do not hesitate to contact me or the preparer of the report, Bruce Singleton.

Sincerely,

Joan Kelly Horn

JKH/bls

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

Hon. Frank Horton
(Full Name)

2108 Rayburn Building
(Mailing Address)

Telephone 202/225-4916

Washington, DC 20515

MAIL DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 29th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Hon. Frank Horton

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	"Focus '91: US Health Cure Policy & FEHB Prog." New Orleans, La.	Speech and Appearance	April 4-7, 1991	$2000.00
	Federal Resources, Washington, D.C.	Speech	May 7, 1991	$500.00
	Mailers Council, Breakfast, Washington, D.C.	Speech	May 22, 1991	$2000.00

Reporting Individual's Name

Hon. Frank Horton

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE [X]

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X								X									X
		George Wash. Credit Union Accounts				X									X								X							
		182 Main Street, Dover, Delaware					X							X								X								

For additional assets and unearned income, use next page

Reporting Individual's Name
Hon. Frank Horton

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Hon. Frank Horton

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Hon. Frank Horton

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute Inc. 1991 Conference	3/14-16, 1991	R/T train from Wash.,DC to Princeton, NJ., including food, lodging and transportation for self and spouse. ~~Extra days paid by me.~~	
"Focus '91: US Health Cure Policy & FEHB Program	4/4-7, 1991	R/T Air from Wash., DC to New Orleans, La. including food and lodging for self and spouse. ~~Extra days paid by me.~~	
Nat'l Assoc. of Postmasters of U.S. Convention	8/16-29, 1991	R/T Air from Wash., DC to Hawaii, including food and lodging for self and spouse. ~~Extra days paid by me.~~	
Insp. Gen'l Mgmt. Conf. Spon-	9/8-9, 1991	R/T drive from Annandale, VA to Williamsburg, VA, including food and lodging for self. ~~Spouse's expenses~~ paid by me.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
Hon. Frank Horton

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [ ] NA [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Frank Horton

DATE (Month, Day, Year): 05/07/92

GPO 1991 50-287 (ns)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(16)

HAND DELIVERED

Amory Houghton Jr.
(Full Name)

80 East Market Street, Suite 304
(Mailing Address)

Corning, New York 14830

Telephone (202) 225-3161

Filer Status				
	X Member of the U.S. House of Representatives	State New York District 34th	Officer or Employee	Employing Office.
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	- See continuation sheet attached		

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Amory Houghton Jr.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X								X								X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
			- See continuation sheet attached																										

For additional assets and unearned income, use next page

1822

Reporting Individual's Name

Amory Houghton Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	- See continuation sheet attached											

Reporting Individual's Name

Amory Houghton Jr.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information: see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	- See continuation sheet attached								

Financial Disclosure A-4

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Reporting Individual's Name: Amory Houghton Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
- See continuation sheet attached			

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
- See continuation sheet attached				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: Amory Houghton Jr.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
- See continuation sheet attached	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
- See continuation sheet attached		

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	MAY 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT - 1991 FINANCIAL DISCLOSURE STATEMENT
AMORY HOUGHTON JR.

PART I - EARNED INCOME

Source and Type	Amount
Corning Incorporated:	
Income (in-kind): Value for secretarial services provided by former employer for whom consulting services are provided without monetary compensation (income in-kind, in excess of the 1991 outside earned income limit of $18,765, is offset by a 1991 donation to a qualified charitable organization in the amount of $13,500)	$ 26,110
Trustee Commissions (commissions represent personal services provided to protect family resources, amounts not subject to outside earned income limit):	
M. T. Mowbray U/A 6/7/76	3,400
H. M. Carter U/A 6/7/76	3,400
L. H. Beer Trust 12/10/34	7,600
J. R. Houghton Trust 12/10/34	8,100
A. B. Houghton Trust 12/10/34	5,900
A. Houghton Jr. Trust 12/10/34	8,100
E. H. Weinberg Trust 12/10/34	7,200
A. S. Lassalle Trust 1/20/79	1,500
G. H. Lassalle Trust 11/21/78	1,700
J. H. Carothers Trust 12/22/61	4,200
S. H. Garrett Trust 12/22/61	4,200
H. H. Carlisle Trust 12/22/61	4,200
R. P. Waters Trust 3/14/70	3,400
M. E. Mowbray U/W G. B. Houghton	2,400
H. M. Carter U/W G. B. Houghton	2,400
J. W. Hollister U/W G. B. Houghton	1,800
B. H. Brakenridge U/W G. B. Houghton	1,700
B. Hollister Jr. Trust 4/15/46	1,700
H. M. Carter Trust 4/18/46	600
M. T. Mowbray Trust 4/18/46	600
B. H. Brakenridge Trust 4/18/46	600
B. Hollister Jr. Trust 4/18/46	600
P. H. Mowbray Trust U/W H. C. Hollister	3,400
B. Hollister Trust U/W H. C. Hollister	3,400
G. R. Montgomery Trust 1/3/49	19,000
P. J. Allatt Jr. Trust 8/15/49	5,000
B. G. Ooten Trust 4/23/65	3,000
M. A. Keaton Trust 1/22/64	2,400
M. A. Keaton Trust 6/24/63	1,800
E. M. OeDell Trust 6/24/63	1,700
E. A. Ray U/W M. H. Allatt	4,800
E. Houghton Trust 12/10/34	10,600
E. A. Ray Trust 12/10/34	9,500
E. H. Cole Trust 12/10/34	10,500
Spouse's income:	
Hammermill Paper Co. Pooled Pension Trust	N/A

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1991 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Debt Securities:					
Augusta National Inc. - building certificate - Series B	A		None	None	
Equity Securities:					
Citicorp, N.A. - common stock	B		Dividend	II	
Corning Incorporated - common stock	H		Dividend	VII	
Genentech Corporation - common stock	E		None	None	
IBM Corporation - common stock	E		Dividend	V	
Symmetrix Inc. - common stock, Burlington, MA	E		None	None	X
Insight Telecast - common stock, Palo Alto, CA	C		None	None	X
Market Street Trust Company - common stock, Corning, NY	E		Dividend	IV	
Proctor & Gamble - common stock	C		Dividend	II	
Leo Capital - common stock, New York, NY	None		None	None	X
U.S. Government Obligations:					
Treasury note	F		Interest	IV	X
Savings bonds series E & EE	B		Interest	III	
Treasury bill	D		Interest	I	X
Other:					
Chase Lincoln First Bank, N.A., Corning, NY	B		Interest	IV	
Citibank, N.A., New York, NY	B		Interest	V	
Community National Bank, Addison, NY	B		Interest	I	
Corning Federal Credit Union, Corning, NY	A		Interest	I	
South Shore Bank, Quincy, MA	B		Interest	II	
Medway Savings Bank, Medway, MA (closed)	None		Interest	I	
Vangard Treasury Portfolio - mutual fund, Valley Forge, PA	C		Dividend	IV	X
Accounts receivable from Corning Associates, Corning, NY	B		None	None	
76-78 East Market Street (investment property), Corning, NY	G		Rent	VII	
Congressional Federal Credit Union, Washington, DC	B		Interest	I	
Citizens Bank of Massachusetts, Fairhaven, MA (closed)	None		Interest	II	
Residence, Marion, MA	None		Gain	IX	
John Prince, Inc. Washington, D.C. (closed)	None		None	None	

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1991 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships:					
Acorn III, a general partnership which is the sole limited partner in Richmont LTD, a partnership holding a real estate investment in an office/warehouse building, 1666 W. Firman St., Richardson, TX (Share - 10.00/9.80%**)	D	(2)	Partnership	None	
Acorn IV, a general partnership which is the sole limited partner in Whitehall LTD, a partnership holding a real estate investment in vacant land within Walnut Creek Industrial Park, Austin, TX (share - 20.00/19.60%**)	E	(2)	Partnership	None	
Corning Associates II, managed by Aicre Realty, rental of office building, Albany, NY (share - 50.00/5.50%**)	E	(2)	Partnership	None	
Bradford Gordon 1990-3, limited partnership organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 3.17%)	B	(2)	Partnership	None	
Theatre Partners, L.P. III, a partnership formed to finance the live stage theatrical production and presentation of musical and dramatic plays selected and produced by The Really Useful Theatre Co., Inc., Newark, NJ (share - .69%)	D	(2)	Partnership	V	
Vinca Broadcasting L.P., limited partnership organized to acquire interest in broadcasting companies, New Preston, CT (share - 7.3%)	E	(2)	Partnership	None	X
Corning Associates VC-1, investment in venture capital partnerships (share - 19.61/ - %**): Business Development Capital LTD III, managed by the Foster Management Co., NY, NY; investments are in Chartwell Group LTD, Orthopedic Services Inc., Waste Disposal Equipment Acquisition Corporation, Nova Care Inc., Bloodline Inc. and Rehab Clinics, Inc. (share - -/.17%**)	A	(2)	Partnership	I	
Intersouth Partners, managed by Intersouth Associates, Chapel Hill, NC, invested in Resonex Inc., Digital Recorders Inc., Imsatt Corp., Integrated Silicon Systems Inc., IllumElex Corp., Sphinx Pharmaceuticals Inc., Coeur Laboratories Inc., Trancept Systems Inc. and Cardiovascular Diagnostics, Inc. (share - -/.78%**)	C	(2)	Partnership	II	

** Represents ownership % in both investment partnership/ownership in ultimate partnership, respectively.
(2) Valuation method - original investment, plus/less any additional capital contributed/withdrawn since inception.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1991 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships (Cont'd):					
Associates Partners: general partner in Corning Associates Fixed Income Fund (CAFIF), investments include: demand securities of Fairfax County Economic Development Authority, Power Authority of the State of New York, Student Loan Fund of Idaho Marketing Association, municipal bonds of Howard County - Maryland, IBM Tax Exempt Grantor Trusts, Commonwealth of Massachusetts, Cumberland County - Pennsylvania, New York State Dormitory Authority, Regional Transit Authority L.A. - California, State of California Franchise Tax, District of Columbia, L.A. County Sanitation District - California, Maryland Department of Transportation, Massachusetts Industrial Finance Agency, Board of Public Works of State of Maryland, State of Illinois, Sun Valley Public Improvement Corporation - Arizona, Union County Hospital Facilities Authority - Oregon, Wisconsin Health and Educational Facilities - Marquette University, Wisconsin Health and Educational Facilities - St. Lukes Hospital, City of Anchorage - Alaska, State of California General Obligation, State of California Various Purpose, State of Connecticut Economic Recreation Notes, State of Connecticut Special Tax Obligation, Triborough Bridge and Tunnel Authority of New York, Clark County School District of Nevada, Connecticut State Clean Water Fund, Cumberland County of New Jersey, State of Iowa, Maricopa County School District of Arizona, Municipal Assistance Corp. for New York City, New Jersey Turnpike Authority, New York State Local Government Assistance Corp., Pennsylvania Higher Education, Trinity River Authority of Texas, University of Texas Board of Regents (share - .40/.031%**)					
CAFIF holdings disposed of during the year ended December 31, 1991 - demand securities of the District of Columbia, State of Illinois State Scholarship Commission, Monroe County Industrial Development Agency - New York, Montgomery County - Maryland, Port Authority of New York and New Jersey, University of Pennsylvania, Wisconsin Health and Educational Facilities Authority, Participation Certificate in Tax Exempt leases with First Interstate Bank of Denver, Municipal Bonds of Harris County - Texas, New York State Housing Finance Agency, South Carolina State Education Assistance Authority, City of Austin, Texas, State of Connecticut, Lewisville Independent School District, State of Minnesota, State of Oregon, Washington Suburban Sanitary District - Maryland, New York State Medical Care Facilities Finance Authority, City of San Antonio - Texas, State of Florida House of Representatives, State of Iowa, and New York State Dormitory Authority					

** See explanation at Page 3 of 10.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1991 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships (Cont'd):					
No reportable transactions given that the marginal personal investment in CAFIF remains less that 1/20 of 1% and the Congressman's direct interest in various purchases or sales was below the $1,000 reporting threshold.	B	(3)	Partnership	II	
Corning Associates Equity Fund (CAEF): investments during 1991 include common stock of Abbott Labs, Wal Mart Stores, Toys R Us, Home Depot, Pepsico, Coca Cola, State Street Boston, Sysco, Merck, Bristol Myers-Squibb, General Mills, Johnson and Johnson, Kellogg, Rubbermaid, Campbell Soup, Conagra Inc., Gerber Products, McDonalds Corp., and Pfizer Inc. (share - .21%)					
CAEF items disposed of during the year ended December 31, 1991 - H. J. Heinz, R. R. Donnelly and Sons, Hershey Foods, Automatic Data Processing, Gillette and Minnesota Mining & Mfg.	C	(3)	Partnership	III	X
Trusts:					
Amory Houghton Jr. Trust U/W A. B. Houghton - (interest in income only)			Trust	VIII	
Holdings consist of:					
U.S. Government Obligations:					
U.S. Treasury note	C				
U.S. Treasury note (matured during 1991)	C				
Real Estate:					
Residence (occupied by the Congressman), Washington, D.C.	H				
Other:					
Corning Incorporated - common stock	H				
Demand notes receivable from Amory Houghton Jr.	F				
Note receivable from Leo Capital Corporation (included as demand note receivable from Amory Houghton Jr. in 1991)	None				
Pelican Fund - mutual fund, Boston, MA (liquidated during 1991)	E				
Principal cash - interest bearing (Citibank, N.A.)	C				
Principal cash - interest bearing (Goldman Sachs I.L.A.)	H				
Principal cash - non-interest bearing (Meadows Securities)	E				

(3) Valuation method - Partner's share of market value of investments at 12/31/91.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1991 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Cont'd):					
Income cash - interest bearing (Citibank, N.A.)	E				
Income cash - interest bearing (Goldman Sachs I.L.A.)	B				
Amory Houghton Jr. Trust 12/10/34 - (interest in income and limited principal)			Trust	VIII	
Holdings consist of:					
Partnerships (see holdings listed above):					
Corning Associates Fixed Income Fund (share - 1.45%)	F	(3)			
Corning Associates Equity Fund (share - 1.13%)	E	(3)			
U.S. Government Obligations:					
U.S. Treasury note	C				
Other:					
Corning Incorporated - common stock	H				
Account receivable from Corning Associates	B				
Pelican Fund - mutual fund (liquidated during 1991)	D				
Principal cash - interest bearing (Citibank, N.A.)	B				
Principal cash - interest bearing (Goldman Sachs I.L.A.)	H				
Income cash - interest bearing (Citibank, N.A.)	E				
Income cash - interest bearing (Goldman Sachs I.L.A.)	B				
Elizabeth Houghton Trust 12/10/34 - (interest in 1/15 income only)			Trust	VI	
Holdings consist of:					
Partnerships (see holdings listed above):					
Corning Associates Fixed Income Fund (share - .62%)	E	(3)			
Corning Associates Equity Fund (share - .41%)	D	(3)			
Municipal Bonds:					
Rockland County, NY (matured during 1991)	B				
Georgia (matured during 1991)	B				
U.S. Government Obligations:					
U.S. Treasury notes	D				
U.S. Treasury notes (matured during 1991)	C				
Other:					
Corning Incorporated	H				

(3) See explanation at Page 5 of 10.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1991 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Cont'd):					
Pelican Fund - mutual fund (liquidated during 1991)	C				
Principal cash - interest bearing (Citibank, N.A.)	B				
Principal cash - interest bearing (Goldman Sachs I.L.A.)	F				
Principal cash - non-interest bearing (Meadows Securities)	C				
Income cash - interest bearing (Citibank, N.A.)	C				
Income cash - interest bearing (Goldman Sachs I.L.A.)	B				
John C. Dewey Jr. Trust - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	VI	
Holdings consist of:					
Common stock:					
Abbott Labs	E				
American Home Products	D				
Atlantic Richfield	C				
Bellsouth	C				
Chevron	C				
Coca Cola	E				
Commerce Clearing House	C				
FPL Group	C				
General Electric	C				
GTE (disposed of in 1991)	C				
Hanson PLC	B				
International Business Machines (disposed of in 1991)	C				
Minnesota Mining and Manufacturing	C				
New England Electric	C				
Reuters Holding PLC	C				
Schering Plough Corp.	C				
Waste Management Inc.	C				
U.S. Government Obligations:					
Treasury Notes	D				
Other:					
Mutual Fund - Federated Investors, Pittsburgh, PA	B				

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1991 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PARTS II AND III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Cont'd):					
Talbot Dewey Trust 11/12/80 - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	V	
Holdings consist of:					
Common Stock:					
American Home Products	C				
Exxon	C				
FPL Group	C				
Hanson PLC	B				
International Business Machines (disposed of in 1991)	B				
PNC Financial (disposed of in 1991)	B				
Hartford Steam Boiler	B				
Minnesota Mining & Mfg.	B				
Glaxo Holdings	C				
U.S. Government Obligations:					
Treasury Notes	B				
Other:					
Mutual Fund - Federated Investors, Pittsburgh, PA	B				

PART IV - TRANSACTIONS

Identification of Asset	Transaction Type	Date	Amount of Transaction
Vangard Treasury Portfolio - mutual fund	Purchases/Sales	Various	F
Treasury bills	Purchase/Sales	Various	G
Treasury notes	Purchase/Sale	Various	F
Leo Capital	Dissolved	12/26/91	F
Symmetrix Inc., Insight Telecast, Vinca Broadcasting L.P.	Acquired from Leo Capital which was dissolved during 1991	12/26/91	F

Corning Associates Equity Fund (CAEF) - During 1991, the partnership sold an equity investment in H.J. Heinz and purchased equity investments in Campbell Soup, Conagra Inc., Gerber Products and Pfizer Inc. of which the Congressman's direct interest results in a sales transaction category of F and a purchase transaction category of H. No other reportable transactions given the marginal personal investment in CAEF remains less than 1/3 of 1% and the Congressman's direct interest in various other purchases or sales was below the $1,000 reporting threshold.

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT - 1991 FINANCIAL DISCLOSURE STATEMENT
AMORY HOUGHTON JR.

PART V - LIABILITIES

Creditor	Type of Liability	Category
Amory Houghton Jr. Trust U/W A.B. Houghton	Notes Payable	F
Chase Lincoln First Bank, Corning, NY	Line of credit for 76-78 E. Market Street investment property	F
Chase Lincoln First Bank, Corning, NY	Mortgage on 76-78 E. Market Street investment property	E

PART VI - TANGIBLE GIFTS

Source	Description	Approximate Fair Value
AT&T	Bowl received as gift	$ 165
Asahi Glass Company, Tokyo Japan	Coaster received as gift	200

PART VII - REIMBURSEMENTS

Source/Description	Date
Congressional Institute Inc. (seminar participation), meals, transportation and lodging	March 14-16, 1991

PART VIII - POSITIONS

Non-Profit Affiliations:
The Meadows Charitable Trust - Trustee
The Houghton Foundation - President and Trustee
The Washington Cathedral Chapter - Inactive Trustee
Corning Chamber of Commerce - Member
Corning Museum of Glass - Vice President and Trustee
Corning Glass Works Foundation - Trustee

Director:

Market Street Trust Company

Congressman Houghton is also a limited partner in each of the partnerships previously listed in Parts II and III with the exception of Associates Partners, Acorn III, Acorn IV and Corning Associates Equity Fund where he serves as a general partner.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1991 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

PART IX - AGREEMENTS

Date	Parties to	Terms of Agreement
2/87	Retired employee of Corning Incorporated and beneficiary of certain Company retirement pension and health plans.	Benefits received in accordance with normal plan provisions (lump-sum and/or monthly).
2/87	Corning Incorporated (former employer)	Transportation benefits - any retired employee (or immediate family member) is permitted to travel on the Company plane subject to space availability and without charge. For income tax purposes only, income is imputed to the retiree based upon the prevailing commercial airline value of the trip and reported by the Company on federal Form-1099 MISC. Congressman Houghton may also elect to reimburse Corning Incorporated, based on the prevailing commercial airline value of the trip, for use of the Company plane.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

STENY HAMILTON HOYER
Full Name

1205 LONGWORTH HOUSE OFFICE BUILDING, WASHINGTON, D.C. 20515 (202) 225-4131
(Mailing Address) Telephone

HAND DELIVERED
MC
(Office Use Only)

Filer Status	X Member of the U.S. House of Representatives	State Maryland District 5th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$5,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Law Office - Steny H. Hoyer (attributable pre-1991)	legal fees for services rendered prior to 1/1/91	$25,656.00
	Judith P. Hoyer - Prince George's County Board of Education	spouse salary	NA
	Judith P. Hoyer - S&Hughes Engineering Company, Inc.	Director's fees	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
STENY HAMILTON HOYER

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash. D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
American Public Transit Association (for speech for Easter Seal Society)	Speech	Mar. 13, 91	$1,000.00
National Cable Television Association	Speech	Mar. 24, 91	$1,500.00
Delta Dental Plans	Speech	Apr. 16, 91	$2,000.00
Law Firm Gold and Liebengood	Speech	May 1, 91	$1,000.00
White, Fine and Verville (for speech for American Academy of Physical Medicine)	Speech	May 13, 91	$2,000.00
Congressional Quarterly	Speech	May 14, 91	$ 250.00
Law Firm Hogan & Hartson (for speech for Society of Critical Care Medicine)	Speech	May 23, 91	$2,000.00
Health R Us (for speech for American Dental Association	Speech	Jun 18, 91	$1,000.00

Reporting Individual's Name
STENY HAMILTON HOYER

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset															BLOCK C Income																								Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)														Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)																								Transaction (X)
			Note	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000		
S DC JT	Examples	S	ABC Corporation Stock			X								X										X																	X
			George Wash. Credit Union Accounts				X									X										X															
			182 Main Street, Dover, Delaware					X						X											X																
	Fenwick - Legg Mason						X																																		
JT	Massachusetts Cash Management					X								X										X																	
	IRA - John Hancock Savings Bank Forestville, MD					X										X							X																		
S	IRA - John Hancock Savings Bank Forestville, MD					X										X							X																		
	Maryland State Retirement					X																																			
S	Prince George's Co. Bd. of Education					X	X	X																																	

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
STENY HAMILTON HOYER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $1,000,000	
S	Sovran Bank/ Maryland			X										X						X								
JT	Citizens Bank of Maryland	X												X						X								

Reporting Individual's Name
STENY HAMILTON HOYER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Financial Disclosure A-3

Reporting Individual's Name

STENY HAMILTON HOYER

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
STENY HAMILTON HOYER

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Cable Television Assoc		3/24-25/91	Roundtrip Air Travel from Wash., D.C. to New Orleans 1 day food & lodging	
United Assoc. of Journeymen & Apprentices of the Plumbing & Pipe Fitting		2/11-13/91	Roundtrip Air Travel from Wash., D.C. to Las Vegas-self & spouse 2 days food & lodging self & spouse - 3 days food & lodging	
Epilepsy Foundation of America		9/27-29/91	Roundtrip Air Travel from Wash., D.C. to Fort Lauderdale, Fla	
Columbia Institute		5/11/91	One way flight to Nashville, Tenn-lunch	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: STENY HAMILTON HOYER

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
STENY HAMILTON HOYER

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Member	University of Maryland Chancellor's Advisors Council
Member	University of Maryland School of Public Affairs, Board of Visitors
Member	St. Mary's College - President's Advisors Council
Member	Baltimore Council on Foreign Affairs Board of Trustees

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
June [illegible], [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

Carroll Hubbard, Jr.
(Full Name)

2268 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

(Telephone) 202-225-3115

Filer Status	[X] Member of the U.S. House of Representatives	State Kentucky District First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Kentucky Council on Higher Education	Spouse Per Diem	N/A
	Computer Sciences Corporation, Falls Church, VA	Spouse Salary	N/A
	Department of Home Economics, College of Industry & Technology, Murray State University, Murray, KY	Spouse Honoraria	$250

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Carroll Hubbard, Jr.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Producers Advisory Forum of the law firm of Reed, Smith, Shaw and McClay, Washington, DC	Speech	June 13, 1991	$1,000
Institute of International Bankers, New York, NY	Speech	June 18, 1991	2,000
U.S. League of Savings Institutions, Washington, DC	Speech	June 24, 1991	1,000
Philip Morris Companies, Inc., Washington, DC	Speech	June 25, 1991	2,000

Reporting Individual's Name

Carroll Hubbard, Jr.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																			Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $2,500	III $2,501 - $5,000	IV $5,001 - $15,000	V $15,001 - $50,000	VI $50,001 - $100,000	VII $100,001 - $1,000,000	IX over $1,000,000	
S	Examples	ABC Corporation Stock			X								X									X								X
DC		George Wash. Credit Union Accounts				X									X									X						
JT		182 Main Street, Dover, Delaware						X						X									X							
JT	1512 Waverly Drive, Mayfield, KY							X						X										X						

For additional assets and unearned income, use next page

Reporting Individual's Name

Carroll Hubbard, Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $15,001 - $50,000	C $50,001 - $100,000	D $100,001 - $250,000	E $250,001 - $500,000	F $500,001 - $1,000,000	G $1,000,001 - $5,000,000	H $5,000,001 - $25,000,000
	Example ABC Corporation Common Stock	X			10-12-90		X					

Reporting Individual's Name: Carroll Hubbard, Jr.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Exchange Bank, Mayfield, KY	Mortgage on 1512 Waverly Drive, Mayfield, KY			X				
	Citizens Bank, Paducah, KY	Personal loan		X					
	Bank of Benton, Benton, KY	Personal loan		X					
	Owensboro National Bank, Owensboro, KY	Personal loan		X					
	Hart County Bank & Trust, Munfonville, KY	Personal loan		X					

Reporting Individual's Name: Carroll Hubbard, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4 limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Medical Association	1/31/91 - 2/3/91	Round trip air travel, Wash., DC to Miami and return, 3 days food & lodging, self and spouse	
Barnett Banks, Inc.	2/12-18/91	Air travel, Paducah, Ky. to Miami to DC, 3 days food & lodging, self & spouse, extra nights at own expense, rental car	
Aydin Corporation	3/27-28/91	Round trip train tickets, Wash., DC to Philadelphia, PA & return, one night food & lodging, self and spouse	
Kentucky Reserve Officers Assn.	4/6/91	One night lodging, self only	
Community Bankers of Kentucky	4/26/91	One night lodging & meals, self only	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

Carroll Hubbard, Jr.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Institute of International Bankers	7/30-31/91	Round trip air travel, Wash., DC to NYC and return, one night lodging and meals, self only	
Philip Morris Companies, Inc.	6/23-24/91	One-way air travel, Nashville, TN, to Wash., DC, one night food and lodging, self only	
Center for Strategic and International Studies, NE Asia Council	8/5-8/91	Round trip air travel, Wash., DC to Seoul, Korea & return, five nights food and lodging, self and daughter	

Reporting Individual's Name

Carroll Hubbard, Jr.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Carroll Hubbard, Jr.

DATE (Month, Day, Year): May 13, 1992

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(11)

THOMAS JERALD MCCRAY
Full Name

2152 RAYBURN HOUSE OFFICE BUILDING
Mailing Address

(202) 225-2376
Telephone

WASHINGTON, D.C. 20515

HAND DELIVERED

Filer Status	[ ] Member of the U.S. House of Representatives	State / District	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source other than the Item's current employment by the U.S. Government aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions (page III).

NONE [ ]

	Source	Type	Amount
Examples	State college	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Shannon & Luchs Real Estate	Spouse Commissions	NA

For payments to charity in lieu of honoraria, use next page

1854

Reporting Individual's Name

THOMAS JERALD HUCKABY

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
AMERICAN SUGARBEET GROWERS ASSOC., WASHINGTON,D.C.	SPEECH	JAN. 28, 1991	1,000
TO BAPTIST CHILDREN'S HOME, MONROE, LA.			

Reporting Individual's Name

THOMAS JERALD HUCKABY

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial [illegible]

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C [illegible]

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

[illegible] instructions, page 14.

NONE ☐

BLOCK A — Asset and/or Income Source | BLOCK B — Valuation of Asset | BLOCK C — Income (Type of Income; Other Income (Specify Type); Category of Amount of Income) | Block D — Transaction

Examples:
- Ate Corporation Stock
- George Washington Credit Union Account
- 182 Main Street, Dover, Delaware

Real Estate:
- Holloway Farm, Inc. Ringgold, LA ([illegible] Acres)
- Ag [illegible] Sanders Farm (Gross)
- Ag Lease Sanders Farm (Net)
- [illegible], LA Tree Farm
- Home, Minden, LA

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: THOMAS JERALD HUCKABY

BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Indicate if other than valuation method (*) Attach explanation	BLOCK C Income: Type of Income (X) SALARIES	RENT	INTEREST	CAPITAL GAINS	EXCEPTED "RULE"	DIVIDEND	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X over $1,000,000	BLOCK D Transaction (*)
Ringgold, LA																											
Grenville Apts LTD Partnership												X								X							
Townhouse, McLean Prov.																											
McLean, VA (Gross)	X										X																
Townhouse, McLean Prov																											
McLean, Va (Net)											X						X										
Townhouse, McLean Prov.																											
McLean, VA (Sell)													X				X										X
Townhouse, Kings Manor																											
McLean, VA (Gross)							X				X																
Townhouse, Kings Manor																											
McLean, VA (Net)											X						X										
OTHER LONG TERM INVESTMENTS																											
Magellan																											
IRA Jerry Huckaby Fidelity				X						X			X							X							
Magellan																											
IRA Sue Huckaby Fidelity				X						X			X							X							
Magellan																											
Trough Sue Huckaby Fidelity					X					X			X								X						
Huckaby																											
H. . Thrift Sav Plan Jerry		X								X			X							X							
LIQUID INVESTMENTS																											
C D's																											
Jerry Huckaby First VA Bank	X						X													X							X
Sue Huckaby First VA Bank					X							X									X						

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: THOMAS [illegible]

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A	B	C	D	E	F	G	H	Indicate if other than valuation method (*) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST*	CAPITAL GAINS*	Other Income (Specify type)	None	I	II	III	IV	V	VI	VII	VIII	IX	Transactions (*)
C.D. Cont.																												
Jerry Buckaby - Minden Bank						X							X									X						
Jerry Buckaby - Minden B. & L.						X							X									X						X
Mutual Funds (Fidelity)							X																					
Magellan	X																	X										X
Contra Fund			X															X										X
Growth Co.	X																	X										X
Cap & Inc				X							X									X								X
Blue Chip				X														X										X
10 PR. Stock				X							X			X								X						X
IQTY Inc II				X							X			X						X								X
SPIN LTD					X						X			X								X						X
Other: Woodard Villa Trust						X												X										
Spouse & Child. 1/6 Int. in Appr.																												
1500 Acre Farm, Ringgold, LA																												

Reporting Individual's Name

THOMAS JERALD HUCKABY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S DC JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 - over
	Example | APC Corporation Common Stock	X			10 12 90			X				
	House - Minden, LA		X		6-13-91		X					
	C. D. - Minden Bldg. & Loan - Add to Existing C.D.	X			6-30-91		X					
	C. D. - First Virginia Bank		X		6-13-91			X				
	Townhouse - McLean Prov. McLean, VA (Gross.)		X		10-1-91					X		
	Mutual funds (Fidelity)											
	Magellan - Exchange to Growth Co.			X	1-24-91	X						
	Contra Fund - Exchange from SPTN-LTD			X	11-20-91	X						
	- Exchange to Blue Chip			X	12-16-91	X						
	- Exchange from SPTN LTD			X	12-23-91	X						
	Growth Co. - Exchange from Magellan			X	1-24-91	X						
	- Purchase	X			1-28-91	X						
	- Exchange to SPTN LTD			X	4 1 91	X						
	- Exchange from SPTN LTD			X	6-3-91	X						
	- Exchange to CAP & Inc			X	6-24-91		X					
	CAP & INC. - Exchange from Growth Co.			X	6-24-91		X					
	Blue Chip - Exchange from Contra Fund			X	12-16-91	X						

Reporting Individual's Name

THOMAS JERALD HUCKABY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your Spouse or dependent child of any the reporting person of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulte the a loss. Do not report a transaction involving property, between you, your spouse or your dependent child or the purchase or sale of your personal residence. (Note: Do not check "None" unless no transactions are listed on back, page 17.)

NONE ☐

Check if Spouse or Dependent Child	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: D $1,000 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10/1/90			X				
	LO PRC Stock - Purchase	X			2-19-91	X						
	- Exchange from SPTN, LTD			X	6-3-91	X						
	- Purchase	X			6-5-91	X						
	EQUITY INC II - Exchange from SPTN, LTD			X	6-24-91		X					
	SPTN, LTD Purchase	X			4-1-91	X						
	Exchange from Growth Co			X	4-1-91	X						
	Exchange to Growth Co			X	6-3-91	X						
	Exchange to LO PRC Stock			X	6-3-91	X						
	Purchase	X			6-17-91			X				
	Exchange to Equity INC II			X	6-24-91		X					
	Sale		X		7-3-91	X						
	Purchase	X			9-5-91	X						
	Sale		X		9-24-91	X						
	- Purchase	X			10-2-91			X				
	- Purchase	X			11-11-91	X						
	- Exchange to Contra Fund			X	11-20-91	X						
	Sale		X		12-16-91	X						

Reporting Individual's Name

THOMAS JERALD HUCKABY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – over
	Example: ABC Corporation Common Stock	X			10 12 90			X				
	SPTN LTD. - Exchange to MEOGH - Sue Huckaby Magellan			X	12-23-91	X						
	- Exchange to Contra Fund			X	12-23-91	X						

Reporting Individual's Name

THOMAS JERALD HUCKABY

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 10 Main St., Dover, Del.				X			
	HALL MARK FARM, INC								
	THE EVANS TRUST, JONESVILLE, VA	MORTGAGE ON THE FARM					X		
	FIRST NATIONAL BANK, ARCADIA, LA	NOTE		X					
	FIRST AMERICAN BANK, MONROE, LA	NOTE		X					
	PERPETUAL SAVINGS, ALEXANDRIA, VA	MTG. ON MCLEAN PROV TOWNHOUSE				X			
	PERPETUAL SAVINGS, ALEXANDRIA, VA	MTG. ON FIRE MANOR TOWNHOUSE				X			
	ALBERT MARTIN, MCLEAN, VA	NOTE ON FIRE MANOR TOWNHOUSE	X						

Reporting Individual's Name
THOMAS JERALD HUCKABY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
AMERICAN SUGARBEET ASSOC.		JAN 27-28	AIR TRAVEL FROM SHR. TO N.O. TO D.C. 1 DAY FOOD & LDG. SELF&WIFE	
NEW YORK COTTON EXCHANGE		MAR 13-16	RND. TRIP AIR FROM D.C. TO B.RATON,LA 3 DAYS FOOD/LDG SELF &WIFE	
AMERICAN SUGAR ALLIANCE		AUG 10-13	RND. TRIP AIR FROM D.C. TO DENVER,CO 3 DAYS FOOD/LDG.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: THOMAS JERALD HUCKABY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
PRESIDENT	HALLMARK FARMS, INC.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement
	NONE	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jerald Huckaby	5-14-92

GPO 1991 O-267 (16)

JERRY HUCKABY
5TH DISTRICT, LOUISIANA

COMMITTEE ON AGRICULTURE
CHAIRMAN—SUBCOMMITTEE ON
COTTON, RICE AND SUGAR

COMMITTEE ON THE BUDGET

HAND DELIVERED

92 MAY 28 PM 2:32

WASHINGTON OFFICE
1036 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2776

DISTRICT OFFICES
WASHINGTON, LOUISIANA
231 NORTH 30 STREET
MONROE, LA 71201
(318) 387-2244

OLD COURTHOUSE BUILDING
P.O. BOX 34
NATCHITOCHES, LA 71458
(318) 352-9000

Congress of the United States
House of Representatives
Washington, DC 20515

May 28, 1992

(4)

The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

MC

Dear Sir:

Enclosed are amended sheets to my Financial Disclosure Statement for 1992.

The changes made are:

1. Providing street addresses for investment properties.

2. Indicating that unearned income from Jerry Huckaby First Virginia Bank C.D. was interest.

3. Checking "None" box for Part IV Tangible gifts.

Sincerely,

Jerry Huckaby

JH/hc

HAND DELIVERED

92 23 PM 2 33

Reporting Individual's Name: THOMAS JERALD HUCKABY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Year End Value (X): None	Less Than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less Than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	Block D Transaction (X)
S	ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Real Estate: 920 Acres Hallmark Farm, Inc. Ringgold, LA								X																				
	Ag. Lease-Sanders Farms (Gross)												X												X				
	Ag. Lease-Sanders Farms (Net)												X						X										
	Liberty Hill, LA Tree Farm						X												X										
	810 Madison Ave. House, Minden, LA	X													X									X					X

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
THOMAS JERALD HUCKABY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Ringgold,LA Bienville Apts LTD Partnership				X									X									X						
Townhouse, McLean Prov. McLean, VA (Gross)2080 Van Tuyl ST	X											X													X			
Townhouse, McLean Prov. McLean, Va (Net)2080 Van Tuyl St.												X							X									
Townhouse, McLean Prov. McLean, VA (Sell)2080 Van Tuyl St.														X					X									X
Townhouse, Kings Manor McLean, VA (Gross)1156 Kensington ST.							X					X													X			
Townhouse, Kings Manor McLean, VA (Net) 1156 Kensington St.												X							X									
OTHER LONG TERM INVESTMENTS:																												
Magellan IRA- Jerry Huckaby Fidelity				X								X		X								X						
Magellan IRA- Sue Huckaby Fidelity				X								X		X								X						
Magellan Keogh Sue Huckaby Fidelity					X							X		X									X					
Huckaby U.S. Thrift Sav.Plan Jerry			X									X		X								X						
LIQUID INVESTMENTS:																												
C.D.'s							X																					
Jerry Huckaby-First VA Bank		X												X								X						X
Sue Huckaby- First VA Bank					X									X									X					

Reporting Individual's Name
THOMAS JERALD HUCKABY

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
AMERICAN SUGARBEET ASSOC.	JAN 27-28	AIR TRAVEL FROM SHR. TO N.O. TO D.C. 1 DAY FOOD & LOG. SELF&WIFE	
NEW YORK COTTON EXCHANGE	MAR 13-16	RND. TRIP AIR FROM D.C. TO B.RATON,FLA 3 DAYS FOOD/LOG SELF &WIFE	
AMERICAN SUGAR ALLIANCE	AUG 10-13	RND. TRIP AIR FROM D.C. TO DENVER,CO 3 DAYS FOOD/LOG.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : 17 AM 3 53

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William J. Hughes
(Full Name)

341 Cannon House Office Building — 202/225-6572
(Mailing Address) — Telephone

Washington, DC 20515

Filer Status	X	Member of the U.S. House of Representatives	State NJ District 2nd	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED

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(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
William J. Hughes			
	F. B. Loveland Trust	Trustee Comm.	$1205.33
	M. G. Hand Trust	Trustee Comm.	$1146.63
Nancy L. Hughes			
	The WJH Corporation	Spouse Salary (officer)	n/a

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
William J. Hughes

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	none			

Reporting Individual's Name
William J. Hughes

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																				Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X							X								X								X
			George Wash. Credit Union Accounts			X								X								X						
			182 Main Street, Dover, Delaware				X						X								X							
	The Coastal Bank 9th Street, Ocean City, NJ				X									X						X								
	Cape Savings Bank Asbury Avenue, Ocean City, NJ			X										X					X									
	Cong. Federal Credit Union Washington, DC				X									X					X									
	South Jersey Industries Stock				X							X								X								X
	Atlantic Energy Stock				X							X								X								X
	The WJH Corporation Stock							X				X							X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William J. Hughes

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,000	IV $2,001 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Coastal Bank Stock				X								X							X									
Public Service Electric & Gas Stock				X								X									X							
Atlantic Richfield Co. Stock				X								X									X							X
Unocal Stock				X								X								X								X
Business Office Wesley Road, Ocean City					X								X						X									
Asbury Apartments Asbury Avenue, Ocean City								X					X											X				
Bayfront Apartments Ocean City							X						X									X						X
WV Condominium St. Thomas, USVI							X						X						X									
Apartment, 2nd St., S.E., Wash., DC							X						X										X					
Fidelity Spartan NJ Mun Money Mkt Fund				X										X								X						
Dreyfus Tax Exempt Bond				X										X							X							X
Atlantic Co. MUA Bonds				X										X							X							
NJ Turnpike Authority Bonds					X									X								X						X
Franklin Twp. Somerset Co. NJ School Bonds					X									X								X						
West Long Branch NJ Board of Education Bonds					X									X								X						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William J. Hughes

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Evesham Twp., NJ MUA Bonds				X										X						X								X
New York Life Ins. Co. Annuity				X										X						X								
State of NJ Pension Plan & Supp. Annuity Trust						X						X		X					X									
IRAs - Advest Co.																												
Coastal Bank Stock				X								X							X									
Delaware Group/Delaware Fund					X							X								X								
Essex Co. NJ Pram Bond				X										X					X									
Franklin Custodial Funds (US Gov't)					X									X									X					
So. Jersey Industries Stock				X								X								X								
US Treasury Notes & Stripped Interest Securities						X								X									X					
Advest Bank Inv. C.D. (Series A)				X										X						X								
Advest Bank Money Mkt.					X									X								X						
Keystone Custodial Fund				X								X								X								

Reporting Individual's Name
William J. Hughes

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 +
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	So. Jersey Industries Stock		X		8/27/91 11/19/91	X						
	Atlantic Energy Stock		X		8/6/91 8/21/91	X						
					9/9/91							
	Atlantic Richfield Co. Stock		X		6/21/91 6/27/91	X						
	Unocal Stock		X		6/10/91	X						
	Dreyfus Tax Exempt Bond		X		4/25/91	X						
	NJ Turnpike Authority Bonds (partial redemption)		X		12/6/91	X						
	Evesham Twp., NJ MUA Bonds		X		1/18/91	X						
	Bayfront Apt's, Ocean City, NJ	X			5/24/91				X			

Reporting Individual's Name
William J. Hughes

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	The WJH Corporation, Ocean City, NJ	Mortgage on Wesley Rd, Ocean City NJ			X				
	Elaine Farashian, Ocean City, NJ	Mortgage on 1117 Bayfront, Ocean City, NJ			X				

Reporting Individual's Name
William J. Hughes

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Jefferson Educational Foundation	March 23-March 30, 1991	Roundtrip air travel from Washington, DC to Cape Town & Itala, Union of So. Africa - 7 days lodging & food - self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
William J. Hughes

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
President, Director	The WJH Corporation, P. O. Box 545, Ocean City, NJ
Trustee	Estate of M.L. Hand and Estate of F. B. Loveland
Director	Stockton State College Foundation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William J. Hughes	May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 14 [illegible] 29

(7)

DUNCAN LEE HUNTER
(Full Name)

133 Cannon House Office Building
(Mailing Address)

225-5672
Telephone

Washington, DC 20515

HAND DELIVERED

Filer Status	X	Member of the U.S. House of Representatives	State ____ District ____	Officer or Employee	Employing Office ____
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date ____

mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	EMMANUEL CHRISTIAN SCHOOL	Spouse Salary	125.00

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
DUNCAN LEE HUNTER

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
JT	Horse Stables & Barn, Chantilly, VA					X								X								X									
JT	House, Coronado, CA								X											X											X
	27 Acres, Blue Ridge Mtns, VA TIMBER SALE						X												Sale Proceeds			X									
	Cabin, Blue Ridge Mountains, VA					X								X										X							
JT	5/8 Acre Lot, Riverside, CA					X														X											

For additional assets and unearned income, use next page

Reporting Individual's Name

DUNCAN LEE HUNTER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90		X					
JT	Coronado, CA House Rental, Taken out of service				1/1/91							

1880

Reporting Individual's Name
DUNCAN LEE HUNTER

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Bank of Coronado, Coronado, CA	Loan	X						
JT	Wright Patman Federal Credit Union, Washington, DC	Loan	X						
JT	Chase Home Mortgage Corporation, Tampa, FL	Mortgage on Coronado, CA House				X			
JT	Sovran Home Mortgage Corporation, Richmond, VA	Mortgage on Barn & Stables, Chantilly, VA		X					
	I. Moskey, Alexandria, VA	Real Estate Loan, Blue Ridge Mtns Cabin & Acreage - Virginia				X			

Reporting Individual's Name
DUNCAN LEE HUNTER

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Milliken Textiles Manufacturing		Feb 28, 1991	Roundtrip Air Travel from Wash, DC to New York, and Dinner Speech	
General Dynamics		Mar 10-11 1991	Air Travel San Diego to Dallas, TX to Wash, DC, 1 day Food & Lodgings - Speech	
Californians For Fair Congressional Reapportionment		Aug 16-19 1991	Air Travel San Diego to Sacramento, Roundtrip, 3 days Food & Lodgings	
Californians For Fair Congressional Reapportionment		Sep 3-5 1991	Roundtrip Air Travel, San Diego to Sacramento, 2 days Food & Lodgings	
Californians For Fair Congressional Reapportionment		Sep 9-14 1991	Roundtrip Air Travel, San Diego to Sacramento, 5 days Food & Lodgings	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

1882

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: DUNCAN LEE HUNTER

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Californians For Fair Congressional Reapportionment	Sep 22-24 1991	Airfare Boise, ID to Sacramento to San Diego, 2 days Food & Lodgings	
Congressional Institute	Mar 14-16 1991	Roundtrip Train fare DC to Princeton, NJ, 2 days Food & Lodgings	

Reporting Individual's Name
DUNCAN LEE HUNTER

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Vice Chairman	American Security Council (No Salary)
Vice Chairman	American Security Foundation (No Salary)
Co-Chairman	National Security Caucus (No Salary)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Duncan Hunter	May 14, 1992

GPO: 1991: 50-267 (m)

DUNCAN HUNTER
45TH DISTRICT, CALIFORNIA

CHAIRMAN
REPUBLICAN RESEARCH COMMITTEE

COMMITTEE ON ARMED SERVICES
SUBCOMMITTEES
SEAPOWER
RESEARCH AND DEVELOPMENT

REPUBLICAN TASK FORCE
ON AGRICULTURE

HAND DELIVERED

92 JUN 29 PM 2:45

The 102d Congress
U.S. House of Representatives
Washington, DC 20515-0545

133 CANNON BUILDING
WASHINGTON, DC 20515-0545
(202) 225-5672
FAX (202) 225-2115

368 SOUTH PIERCE STREET
EL CAJON, CA 92020
(619) 579-3001

1701 AIRPORT ROAD, SUITE I
IMPERIAL, CA 92251
(619) 353-5420

825 IMPERIAL BEACH BOULEVARD
IMPERIAL BEACH, CA 92032
(619) 423-3011

May 27, 1992

(2)

The Honorable Donnald K. Anderson,
Clerk
U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515

MC

Dear Mr. Anderson: RE: 1991 Financial Disclosure
PART VII

I inadvertantly indicated on my 1991 Financial Disclosure Statement that the reimbursable portion on the trip to Sacramento for Californian's For Fair Reapportionment was five days, starting September 9th. This was incorrect, and I want to amend my statement to four days food and lodgings. The correct dates are September 9, 1991 to September 13, 1991.

If you have any questions regarding this correction, please call me.

Sincerely,

Duncan Hunter
Member of Congress

DH/mmp

Reporting Individual's Name
DUNCAN LEE HUNTER

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Milliken Textiles Manufacturing	Feb 28, 1991	Roundtrip Air Travel from Wash, DC to New York, and Dinner Speech	
General Dynamics	Mar 10-11 1991	Air Travel San Diego to Dallas, TX to Wash, DC, 1 day Food & Lodgings - Speech	
Californians For Fair Congressional Reapportionment	Aug 16-19 1991	Air Travel San Diego to Sacramento, Roundtrip, 3 days Food & Lodgings	
Californians For Fair Congressional Reapportionment	Sep 3-5 1991	Roundtrip Air Travel, San Diego to Sacramento, 2 days Food & Lodgings	
Californians For Fair Congressional Reapportionment	Sep 9-14 1991	Roundtrip Air Travel, San Diego to Sacramento, 5 days Food & Lodgings	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 14 AM 9 51

HAND DELIVERED

Earl D. Hutto
(Full Name)

2435 Rayburn Building
(Mailing Address)

(202) 225-4136
Telephone

Washington, D. C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District 1	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

1887

Reporting Individual's Name

Earl D. Butto

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	Block D Transaction (X)
S, DC, JT	Examples	S ABC Corporation Stock			X							X									X								X
		George Wash. Credit Union Accounts				X								X									X						
		182 Main Street, Dover, Delaware					X						X									X							
IT		Household Bank			X																								
IT		House in Highlands, N. C.					X																						
IT		House in Ozark, Alabama				X																							
IT		Fidelity Destiny Mutual Fund			X																								
DC		" Puritan Mutual Fund				X																							
DC		" Overseas Mutual Fund			X																								

1888

For additional assets and unearned income, use next page

Reporting Individual's Name

Earl D. Hutto

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Earl D. Hutto

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	First Federal Savings BAnk-Panama City, Fla.	Mortgage on Wyanoak Dr. (no no.)							
		Highlands, N. C.		X					
JT	Southtrust BAnk of Ozark-Ozark, Alabama	Mortgage on 942 Martin St., Ozark		X					

1990

Reporting Individual's Name: Earl D. Hutto

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Charity Tournament	Sept.6-8	2 days food & lodging, self & spouse, Greenbrier, W. Va.	
D. Thompson Charity Tournament	Aug.21-25	Rdtrip Air P. City, Fl. to Sun Valley, 4 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Earl D. Hutto

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Earl D. Hutto	5/14/92

GPO : 1991 : 50-287 (m)

92 MAY 29 AM 10 29

May 29, 1992 HAND DELIVERED

(1)

MC

Earl D. Hutto
2435 Rayburn Building
Washington, D. C. 20515

AMENDMENT TO FINANCIAL DISCLOSURE STATEMENT 1991

In Part III I inadvertently did not mark the type and category of listed items of "unearned income":

For Household Bank the type is "interest" and category is "II"

For House in Highlands the type is "rent" and category is "IV"

For House in Ozark the type is "rent" and category is "III"

For Fidelity Destiny the type is "dividends" and category is "II"

For Fidelity Puritan the type is "dividends" and category is "III"

For Fidelity overseas the type is "dividends" and category is "II"

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 OCT 14 PM 4:29

Henry J. Hyde
(Full Name)

House of Representatives
(Mailing Address)

202-225-4561
Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Illinois General Assembly Retirement, Springfield, Ill.	pension	5,257.80

For payments to charity in lieu of honoraria, use next page

1894

Reporting Individual's Name

Henry J. Hyde

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Catholic Woman's Club, Richmond, VA	speech	3-23-91	$500
	National Cable Television Assoc. Washington, D.C.	speech	3-24-9	$1500
	Cardinal Mindszenty Foundation St. Louis, MO	speech	4-13-9	$200
	Connecticut Catholic Forum, Bridgeport, CT	speech	7-25-91	$100

Reporting Individual's Name

Henry J. Hyde

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X									X
			George Wash. Credit Union Accounts				X								X									X							
			182 Main Street, Dover, Delaware					X						X									X								
			Congressional Federal Credit Union, Washington, D.C.				X								X								X								
			IRA (self and spouse) Mid-City National, North Riverside, Ill (Formerly Clyde Federal)			X									X								X								

For additional assets and unearned income, use next page

Reporting Individual's Name

Henry J. Hyde

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Henry J. Hyde

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: Henry J. Hyde

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Foreign Policy Institute Ankara, Turkey	8-9-91 8-18-91	Self and spouse, round trip airfare from Washington D.C. to Istanbul, Turkey, food and lodging --7 days excluding travel days	
The Congressional Institute, Inc. Washington, D.C.	3-14-91 3-16-91	Transportation, lodging and meals from Washington D.C. to Princeton, New Jersey -- 3 days	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Henry J. Hyde

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Henry J. Hyde	5-14-92

GPO: 1991 50-28 (401)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 17 ... 5 00

(6)

JAMES M. INHOFE
(Full Name)

2139 E 32ND ST.
(Mailing Address)

TULSA, OK 74105

Filer Status	X	Member of the U.S. House of Representatives	State: Oklahoma District: One	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date:

HAND DELIVERED

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART I—EARNED INCOME, INCLUDING HONORARIA

List the source, type, and amount of earned income, including honoraria, from any source (other than current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year, as well as payments made or directed to charity in lieu of honoraria. (A separate consolidated list of charities receiving payments on or after January 1, 1991, must be filed directly with the Committee on Standards of Official Conduct.) For a spouse, list the source and an amount of any honoraria; only the source need be reported for other spouse's earned income. For further information, see Instructions, page 10.

NONE ☐

	Source (Include date of receipt for honoraria)	Type	Amount	Mark (X) if directed or paid to charity
Examples:	Association of American Associations, Wash., D.C. (Feb. 2, 1990)	Speech	$1,000	
	XYZ Magazine (Aug. 13, 1990)	Article	$500	X
	ABC Corporation	Director's Fee	$6,000	
	Fairfax County Board of Education	Spouse Salary	NA	
	Bell Helicopter Textron	Speech	$2,000	X

1001

Reporting Individual's Name
JAMES N. INHOFE

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Category of Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
	Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	A none or less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCLUDED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I none or less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	Transaction (X)
S DC JT	Examples: S ABC Corporation Stock	X									X								X							X
	George Wash. Credit Union Accounts			X									X								X					
	182 Main Street, Dover, Delaware					X						X								X						
	Congressional Credit Union (Account)		X										X					X								
	Tulsa Tiger Company (Receivable)							X					X					X								
S	F&M Bank (Account)			X									X							X						
S	Dominion Bank (Account)		X										X					X								
JT	Tulsa Tiger Company, Distributive Share of S-Corporation	X															X	X								

For additional assets and unearned income, use next page

JAMES H. INHOFE

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asse:										BLOCK C Income															BLOCK D
Identify each asset and/or income source of yours, your spouse (S), and your dependent child (DC)	S DK JT	Category of Value (X) A none (or less than $1,001)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I none (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Unimproved real estate, South																											
Padre Island, Texas						X												X									
Revocable Living Trust									X		X										X						
"													X											X			
"															X									X			

JAMES H. THROPE

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, food or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limits the value of gifts a Member, officer or employee of the House may accept from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 18

NONE ☐

Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, FOOD, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples	Chicago Chamber of Commerce	Mar 2, 199	Roundtrip Air Travel from Wash D.C. to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 199	Roundtrip Air from Wash D.C. to Seattle, 3 days food & lodging, golf and spouse	
Sponsors' Expense Reimbursements and direct expense payments under Written waiver of Committee on Standards of Official Conduct		6/23-7/14/91	Wiley Post-Around-the-World Commemorative Flight	

Reporting Individual's Name

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Assoc. of Amerian Railroads	Mar. 1-3	Roundtrip air travel DC-Scottsdale AZ - DC	
		Food and Lodging, self and wife	
Flour Daniel, Inc.	Mar. 13-17	Roundrip air travel from DC - Kuwait - DC	
		Food and Lodging for 5 days.	
Bell Textron	Sept. 9	Roundtrip air travel Tulsa, OK - Meacham Field, TX -	
		Tulsa, OK and lunch	
Hard Times Enterprises	Oct 18-21	Roundtrip air travel Tulsa,OK - Lancaster, CA, Tulsa,	OK
		Food and Lodging for 4 days.	

Reporting Individual's Name

JAMES M. INHOFE

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	Tulsa Tiger Company, Tulsa, Oklahoma

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation of payments by a former employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5-14-92

JAMES M. INHOFE
1st DISTRICT
OKLAHOMA

PLEASE REPLY TO
☐ WASHINGTON OFFICE
Room 40B
CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3601
(202) 225-2211

☐ DISTRICT OFFICE
Suite 305
201 WEST 5TH STREET
TULSA, OK 74103
(918) 581-7111

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92 MAY 26 PM 4:31

PUBLIC WORKS AND TRANSPORTATION COMMITTEE
SUBCOMMITTEES
AVIATION
ECONOMIC DEVELOPMENT
PUBLIC BUILDINGS AND GROUNDS
RANKING MEMBER

MERCHANT MARINE AND FISHERIES COMMITTEE
SUBCOMMITTEES
COAST GUARD AND NAVIGATION
MERCHANT MARINE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

CONGRESSIONAL ARTS CAUCUS
EXECUTIVE COMMITTEE
CONGRESSIONAL TRAVEL AND TOURISM CAUCUS
CONGRESSIONAL HUMAN RIGHTS CAUCUS
CO-CHAIR
AVIATION FORUM
Congressional Leaders United for a Balanced Budget

Congress of the United States
House of Representatives
Washington, DC 20515-3601

May 26, 1992

3

The Honorable Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 10515

Dear Sir:

Pursuant to your request, you will find that I have enclosed additional details concerning the Revocable Living Trust listed in Parts II and III of my recently submitted Financial Disclosure. The trust corpus was transferred to a successor trustee in the later part of December 1991. The information made available to me by the trustee allows me to identify income as required by financial disclosure form A-2(a), but does not identify income type by various pooled funds within the bank's trust department. Accordingly, the information made available to you is the information that has been made available to me, as well as the Internal Revenue Service and State Tax Authorities.

Also enclosed is the page containing Parts IV and V which you reported was excluded from my report. Please excuse this oversight, it must have occurred when multiple copies were being prepared for submission to your office.

In conclusion, I want you to be informed that I have submitted, to the House Committee on Standards of Official Conduct, a sealed envelope containing the name and address of the charity which was the direct recipient of the $2,000 gift from Bell Textron. The check was sent directly to this charitable group and not to me personally.

I regret any delay which I may have been caused in the review process and hope that this additional information will be of assistance to you. Please do not hesitate to call me should the need arise.

Sincerely,

James M. Inhofe
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE UP RECYCLED FIBERS

THE FIRST NATIONAL BANK & TRUST COMPANY OF TULSA
P.O. BOX ONE
TULSA, OK 74102

GRANTOR'S SHARE OF INCOME AND EXPENSES FOR THE PERIOD FROM 01/01/91 TO 12/31/91

JAMES MOUNTAIN INHOFE
201 WEST 5TH STREET
TULSA OK 74103

TAX YEAR ENDING 12/31
ACCOUNT NUMBER: 2147292004
ACCOUNT NAME: JAMES M. INHOFE REVOCABLE LIVING TRUST

BENEFICIARY'S IDENTIFYING NUMBER: 442-36-1632

EMPLOYER I.D.#: 73-6252527

INCOME

QUALIFYING DIVIDENDS	IV	O & G ROYALTY INCOME (GROSS)	0.00
FOREIGN DIVIDENDS	I	DELAY RENTALS	0.00
CORPORATE INTEREST	VII	LEASE BONUSES	0.00
UNITED STATES GOVERNMENT INTEREST	VI	SHUT IN GAS	0.00
FULLY TAXABLE MUNICIPAL BOND INT	0.00	FARM RENTAL (CROPS)	0.00
MUN. INT. (EXEMPT FOR U.S. & OK)	0.00	FARM RENTAL (CASH)	0.00
MUN. INT. (TXBL. FOR OKLA)	0.00	RENTAL INCOME	0.00
MUTUAL FND INCOME (TAXABLE)	0.00	OTHER ROYALTY INCOME (GROSS)	0.00
MUTUAL FUND INCOME (TAX-EXEMPT)	0.00		
PARTNERSHIP INCOME OR LOSS-	0.00		
ANNUITY INCOME	0.00		
MISC TAXABLE RECEIPTS	0.00	WORKING INTEREST INCOME (GROSS)	0.00
LONG TERM GAIN OR LOSS-	VII		
SHORT TERM GAIN OR LOSS-	V		

EXPENSE

TRUSTEES FEES	V	FEDERAL STATUTORY DEPLETION (15%)	0.00
ACCOUNTANT FEES	0.00	OKLAHOMA DEPLETION (22%)	0.00
LEGAL FEES	0.00	GROSS PRODUCTION TAX	0.00
ADMINISTRATION EXPENSE	0.00	WINDFALL PROFITS TAX	0.00
AD VALOREM TAX PAID - R/E	0.00	AD VALOREM TAX PAID-MINERAL INT.	0.00
PERSONAL PROPERTY TAX	0.00		
REPAIRS	0.00		
SUPPLIES & MATERIALS	0.00		
UTILITIES	0.00		
OTHER EXPENSES	0.00	LEASE OPERATING EXPENSE	0.00
INSURANCE	0.00	EQUIPMENT COSTS	0.00
OTHER TAXES	0.00	LEASEHOLD COSTS	0.00
MISC. DEDUCTIBLE	0.00	INTANGIBLE DRILLING COSTS	0.00
FEE PAID TO OTHERS	0.00		
INTEREST PAID ON OBLIGATION	0.00		

A successor trustee took over the account in December, 1991, and reports interest that will fall in income amount category II.

IF YOU HAVE A QUESTION REGARDING THIS INFORMATION PLEASE CONTACT THE TAX DEPARTMENT AT (918) 586-5327.
THIS INFORMATION IS BEING PROVIDED TO THE INTERNAL REVENUE SERVICE AND APPROPRIATE STATE TAX AUTHORITIES.

Reporting Individual's Name

JAMES M. INHOFE

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10 12 90			X				
	Revocable Living Trust, Common Trust Fund - Pooled Transactions	X	X		Various						X	

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 17

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Western National Bank, Tulsa, OK	R. E. Mortgage, S. Padre Island				X			
	State Federal Savings ASsn., Tulsa, OK	R. E. Mortgage			X				
	(Note) There exists a judgment, undetermined as to amount, and under appeal in the Tenth Federal Circuit.								

JAMES M. INHOFE
1ST DISTRICT
OKLAHOMA

PLEASE REPLY TO
☐ WASHINGTON OFFICE
ROOM 40B
CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-2211

☐ DISTRICT OFFICE
SUITE 305
201 WEST 5TH STREET
TULSA, OK 74103
(918) 581-7111

92 JUN -5 PM 4:46

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515

PUBLIC WORKS AND TRANSPORTATION COMMITTEE
SUBCOMMITTEES
AVIATION
ECONOMIC DEVELOPMENT
PUBLIC BUILDINGS AND GROUNDS
RANKING MEMBER

MERCHANT MARINE AND FISHERIES COMMITTEE
SUBCOMMITTEES
COAST GUARD AND NAVIGATION
MERCHANT MARINE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

CONGRESSIONAL ARTS CAUCUS
EXECUTIVE COMMITTEE
CONGRESSIONAL TRAVEL AND TOURISM CAUCUS
CONGRESSIONAL HUMAN RIGHTS CAUCUS
CO-CHAIR
AVIATION FORUM
Congressional Leaders United for a Balanced Budget

June 5, 1992

(3)

MR

The Honorable Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth House Office Building
Washington, D. C. 20515

Dear Sir:

Enclosed is an amendment to my 1991 Financial Disclosure Statement. The sections that have been amended are Parts II and III - Assets and "Unearned" Income and Part IV - Transactions.

Thank you for your assistance and attention in this matter.

Sincerely,

James M. Inhofe

James M. Inhofe
Member of Congress

Enclosures: 2

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: JAMES M. INHOFE, M.C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Unimproved real estate - South						X													X										
Padre Island, Texas																													
First National Bank of Tulsa																													
Revocable Living Trust:		X																											
Interest earned															X									X					
Common Trust Fund A - Equity												X											X						
Common Fund Equity Special												X									X								
Common Trust Fund A - Income												X												X					
Common Trust Fund A - Special												X												X					
Dean Witter Reynolds, Inc.																													
Active Assets Trust Account										X					X							X							

JAMES M. INHOFE, M.C.

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Transfer of First National Bank of Tulsa Revocable			X	12-5-91							X
	Living Trust to Dean Witter Reynolds, Inc. Active											
	Assets Trust Account											
	First National Bank of Tulsa Revocable living Trust	X	X		1/1/91 to 11/30/91						X	
	(Pooled Transactions)											
	Dean Witter Reynolds, Inc. Active Assets Trust Accuont	X	X		12/5/91 to 12/31/91							X
	(Pooled Transactions)											

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

92 4 PM 4:26

HAND DELIVERED

MC (Office Use Only)

ANDREW P. IRELAND
(Full Name)

2466 RAYBURN H.O.B.
(Mailing Address)

202/225-5015
Telephone

WASHINGTON D.C. 20515

Filer Status: [✓] Member of the U.S. House of Representatives — State FLORIDA District 10 — [ ] Officer or Employee — Employing Office

Report Type: [✓] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	FRIENDS OF U.S. NATIONAL ARBORETUM	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Andrew F. Velano

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPT. ESTATE TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	$201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X						
		Paine Webber Money Mkt A/c		X		X									X									X						
		Fountain Square Commercial Paper				X									X									X						
		American Home Products				X							X									X								
		Bristol-Myers Squibb Co					X						X									X								
		Cincinnati Financial Corp				X							X								X									
		Dun & Bradstreet Corp				X							X								X									

For additional assets and unearned Income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Milton Ireland

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Exxon Corp.				X								X									X								
General Electric Co				X								X								X									
Kellogg Co.				X								X								X									
McDonalds Corp				X								X								X									
Merck & Co Inc				X								X								X									
Minnesota Mining & Mfg				X								X								X									
Mobil Corp				X								X								X									
Monsanto Co				X								X								X									
National Service Industries			X									X								X									
Pepsico Inc				X								X								X									
Philip Morris Companies Inc						X						X										X							
Sara Lee Corp				X								X								X									
Southwestern Bell Corp					X							X										X							
Tribune Company				X								X								X									
1204 Lake Elbert Dr. Winter Park				X									X								X								X

Reporting Individual's Name: Milton J. Nolan

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR.)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H OVER $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	1204 Lake Elbert Drive Winter Haven		X		4-8-91			X				

Reporting Individual's Name: Andrew J. Vorhand

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Barnett Bank Polk County	Note (Paid in full 4-8-91)			X				

Reporting Individual's Name: Mildred T. Orland

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☑

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Florida Council of 100		Jan 20-21, 1991	Partial air fare Tampa to Marco Island & Return, One day food/lodging	
Nat'l Assn of Mfg		Jan 21, 1991	Partial air fare Tampa to Marco Island & Return - lunch	
Independent Bankers Assn		Jan 28&29, 1991	Roundtrip Air Travel Wash to Puerto Rico / 1 day food & lodging	
Congressional Institute - Princeton Conf		May 14-16, 1991	Transportation, Meals lodging	
NFIB -		July 19, 1991	Air Travel & lunch -	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Melvin Weber

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
National Society of Public Accountants	8/22 8/23, 1971	Lodging and food one day	

Reporting Individual's Name: Marvin Leland

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal or political entities, and positions solely of an honorary nature

NONE ☑

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☑

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Marvin Leland	5/2/92

1920

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

ANDREW JACOBS, JR.
(Full Name)

1201 W. 64th Street
(Mailing Address) Telephone

Indianapolis, Indiana 46260

Filer Status	[X] Member of the U.S. House of Representatives	State Indiana District 10th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	As an independent contractor, spouse did feature TV segments for Channel 13, WTHR, Indianapolis, during 1991	Fees *	$3,400.00
		* Income inadvertently over-reported by $400.00 on federal and state income tax forms. Tax paid unnecessarily. But what the heck.	

For payments to charity in lieu of honoraria, use next page.

1921

Reporting Individual's Name
ANDREW JACOBS, JR.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
NONE				

1922

Reporting Individual's Name

ANDREW JACOBS, JR.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X							X										X						X
			George Wash. Credit Union Accounts			X								X									X					
			182 Main Street, Dover, Delaware				X						X									X						
S	First Indiana Federal Savings Bank-Indianapolis (Spouse checking acct.)						1	1	1	6	6				X										1	0	0	7
	2 U.S. Treasury Bills					2	0	0	0	0	0				X							1	2	5	5	8	0	0
DC, JT	Indiana National Bank, Indianapolis Checking & Savings Accounts Solt,				4	2	6	7	0	7	3				X								2	5	8	0	9	7
	Spouse & Children																											
	Congressional Federal Credit Union Checking & Savings Accounts						1	1	7	9	1				X										6	3	4	0
	Anderson, Indiana Bond 9.25% (2005 AD)					7	0	0	0	0	0				X								6	4	7	5	0	0

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ANDREW JACOBS, JR.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Lawrenceburg, Indiana Bond 8.50% (2006 AD)			1	0	0	0	0	0	0				X										8	5	0	0	0	
Goshen, Indiana Community School Bond 8.40% (1991 AD) Matured 1 1-91							0						X										6	5	0	0	0	X 1
Monticello, Indiana Union Township Bond 6.10% (1994 AD)			1	5	0	0	0	0	0				X										5	3	3	7	5	X 2
Mishawaka, Indiana Bond 6.30%(1991 AD) Matured 2-1-91							0						X										6	5	0	0	0	X 3
South Bdnd, Indiana Bond 5.30% (1992 AD)			2	0	0	0	0	0	0				X										5	5	0	0	0	X 4
Fairmont, Indiana Bond 5.25% (1991 AD) Matured 7-1-91							0						X				Interest						1	5	7	5	0	
														X			Cap. Gain						1	9	5	5	0	X 5
Indiana State University Bond 6.40% (1993 AD)			1	0	0	0	0	0	0				X										6	4	0	0	0	
S Indiana National Bank Spouse's IRA Certificate of Deposit			5	6	6	9	4	1	4				X										2	3	5	7	3	2

Reporting Individual's Name

ANDREW JACOBS, JR.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90		X					
1	Cashed Matured Goshen, Indiana Community Schools Bond ($15,000)	Redemption			1-1-91	1	5,	0	0	0,	0	0
2	Purchased Monticello, Indiana Union Township Bond ($15,000)	X			1-1-91	1	5,	0	0	0,	0	0
3	Cashed Matured Mishawaka, Indiana Bond ($20,000)	Redemption			2-1-91	2	0,	0	0	0,	0	0
4	Purchased South Bend, Indiana Bond ($20,000)	X			2-1-91	2	0,	0	0	0,	0	0
5	Cashed Matured Fairmont, Indiana Bond ($3,000)	Redemption			7-1-91		3,	0	0	0,	0	0

Reporting Individual's Name

ANDREW JACOBS, JR.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

SP, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del				X			
	Zero Dollars and Cents								

1926

Reporting Individual's Name
ANDREW JACOBS, JR.

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Zero Things and Zero Dollars and Cents		

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [X]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Zero Things and Zero Dollars and Cents			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: ANDREW JACOBS, JR.

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Zero Things and Zero Dollars and Cents			

Reporting Individual's Name
ANDREW JACOBS, JR.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization
NONE	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement
	NONE	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Andrew Jacobs Jr.	5 - 7 - 92

GPO: 1991: 50-267 (m)

CONGRESS
of the
United States of America

Ways and Means Committee

Andy Jacobs, Jr.

92 MAY -7 PM 4:15

HAND DELIVERED

May 7, 1992

MC

HOLDINGS NOT REQUIRED TO BE REPORTED,
STATEMENT AND LETTER ON HOUSE BANK,
AND INCOME TAX RETURN ATTACHED.

ANDREW JACOBS, JR.

2313 Rayburn Building, Washington, D.C. 20515

THE ROAD TO PEACE IS PAVED WITH JUSTICE

ANDREW JACOBS, JR.

May 7, 1992

HOLDINGS AND UNEARNED INCOME
NOT REQUIRED TO BE REPORTED.

Great Dane "Morgan" (Housebroken: Non-liquid asset)	Priceless
Cocker Spaniel "Annie" (Housebroken: Non-liquid asset)	Priceless
A Lot of Kinds of Dog "Lady" (Housebroken: Non-liquid asset)	Priceless
1980 Omega (Red Rascal)	600.00
1978 Yellow Volkswagon Convertible (Donald Bug)	6,500.00
1985 Cadillac (Red Rustle)	5,500.00
1989 Oldsmobile 98	8,500.00
Home and Office Furnishings	18,000.00
Home (Fun Farm)	
1201 W. 64th Street - Indianapolis, Indiana	190,000.00
1/3 Interest in Condominium	
2009 Seaport Drive - Indianapolis, Indiana	45,000.00
Present Cash Value of my Civil Service Retirement Account	87,923.45

Combat Disability Pension	
Veterans Administration Pension -	
10% Disability from Marine Corps	
Infantry Combat - Returned to U.S. Treasury	956.00

CONGRESS
of the
United States of America
Ways and Means Committee

Andy Jacobs, Jr.

Each month by check I transfer the part of the salary which I accept to our family account in Indianapolis. The discredited Sergeant at Arms Bank records say that on one occasion the transfer was premature. The law says it was not.

Title II, Sec. 35 of the U.S. Code* requires the Sergeant at Arms to credit the monthly salary "at the end of each month." The transfer in question was presented to the House Bank on the last day of December, 1990. The transfer did not involve buying anything or obtaining cash. In essence, it was routine bookkeeping. But there was an unlawful three day delay in crediting the salary.

Clearly, it was the Bank's action which violated the law.

I am told the unlawful delay was a long-standing practice by the House Bank, and therefore is acceptable to the Ethics Committee. I hope this curious notion makes as little sense to others as it does to me.

ANDY JACOBS, JR.
April 16, 1992

* **§ 35. Salaries payable monthly after taking oath**

Each Member and Delegate, after he has taken and subscribed the required oath, is entitled to receive his salary at the end of each month.

2313 Rayburn Building, Washington, D.C. 20515

CONGRESS
of the
United States of America
Ways and Means Committee

Andy Jacobs, Jr.

April 16, 1992

Honorable Matthew F. McHugh
Acting Chairman
Committee on Standards of Official Conduct
HT2 Capitol
Washington, D.C.

Dear Mr. Chairman:

I note that your Committee holds the opinion that the House Bank's violation of law (Title II, Section 35 USC)* by not crediting Members' salaries at the end of each month is "controlling on the point."

It certainly would seem strange if a violation of law would be found worthy of controlling an issue.

One hears it said that the law violation was openly and notoriously published in something called The Congressional Handbook. I wonder how many Members ever saw a Congressional Handbook. I don't recall ever seeing one myself. Nor, before the current revelations, did I ever hear of the absurd policy of allowing Members of Congress to write checks drawn on a next month's salary not yet earned.

I do recall seeing the staff members' checks come in at the end of each month. And it is quite true, as has been said, that most Members relied as they had a right to rely on the law without knowledge of the Bank's violation of it.

Some have described the bank's unlawful practice as "long standing" and therefore acceptable. A serial killer's practice of murdering is "long standing." But it does not repeal the law.

2313 Rayburn Building, Washington, D.C. 20515

It seems to me that the Subcommittee should honor the law and not the violation of it, no matter how open and notorious that violation may or may not have been. Otherwise the Committee would be on record as endorsing and ratifying an unlawful practice by the Bank. Honoring a law violation dishonors the law.

Moreover, whatever the Bank may have done with its records, the law is not ambiguous. It says the salary money belonged to each member at the end of each month, not after the end of each month.

Thank you for your kind attention.

Sincerely,

ANDY JACOBS, JR.

AJ/dm

* § 35. Salaries payable monthly after taking oath

Each Member and Delegate, after he has taken and subscribed the required oath, is entitled to receive his salary at the end of each month.

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 1991 (5)

For the year Jan.–Dec. 31, 1991, or other tax year beginning , 1991, ending , 19 | OMB No. 1545-0074

Label (See instructions on page 11.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial | Last name | Your social security number
****** CAR-RT-SORT**CR01 | 309 26 8562
If WA 309-26-8562 311-62-1624 S17 50 | Spouse's social security number
ANDREW JR & KIMBERLY HOOD JACOBS | 311 62 1624
H 1201 W 64TH ST 068 | Apt. no. | For Privacy Act and Paperwork Reduction Act Notice, see instructions.
INDIANAPOLIS IN 46260
City, town or post office, state, and ZIP code. (If you have a foreign address, see page 11.)

Presidential Election Campaign (See page 11.)
Do you want $1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want $1 to go to this fund? ☐ Yes ☐ No
Note: Checking "Yes" will not change your tax or reduce your refund

Filing Status Check only one box.
1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 12.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 12.)

Exemptions (See page 12.)
6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2
b ☒ **Spouse**
c **Dependents:**

(1) Name (first, initial, and last name)	(2) Check if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of months lived in your home in 1991
James A. Jacobs		311 62 2322	SON	12
Steven M. Jacobs		303 11 9877	SON	9

If more than six dependents, see page 13.

No. of boxes checked on 6a and 6b: 2
No. of your children on 6c who:
• lived with you
• didn't live with you due to divorce or separation (see page 14)
No. of other dependents on 6c
Add numbers entered on lines above ▶ 4

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐
e Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 10.

Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.

7	Wages, salaries, tips, etc. *(attach Form(s) W-2)*		7	122,725 —
8a	**Taxable** interest income *(also attach Schedule B if over $400)*		8a	15,212 44
b	**Tax-exempt** interest income (see page 16). DON'T include on line 8a	8b 10,126 75		
9	Dividend income *(also attach Schedule B if over $400)*		9	
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 18	STATE REFUND DOES NOT REPRESENT ANY PRIOR YR DEDUCTION PREVIOUSLY	10	
11	Alimony received		11	
12	Business income or (loss) *(attach Schedule C)*		12	3,800 —
13	Capital gain or (loss) *(attach Schedule D)*		13	195 36
14	Capital gain distributions not reported on line 13 (see page 17)		14	
15	Other gains or (losses) *(attach Form 4797)*		15	
16a	Total IRA distributions 16a	16b Taxable amount (see page 17)	16b	
17a	Total pensions and annuities 17a	17b Taxable amount (see page 17)	17b	
18	Rents, royalties, partnerships, estates, trusts, etc. *(attach Schedule E)*		18	
19	Farm income or (loss) *(attach Schedule F)*		19	
20	Unemployment compensation (insurance) (see page 18)		20	
21a	Social security benefits 21a	21b Taxable amount (see page 18)	21b	
22	Other income (list type and amount—see page 19)		22	
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶		23	141,932 80

Adjustments to Income (See page 19.)

24a	Your IRA deduction, from applicable worksheet on page 20 or 21	24a		
b	Spouse's IRA deduction, from applicable worksheet on page 20 or 21	24b		
25	One-half of self-employment tax (see page 21)	25 268 46		
26	Self-employed health insurance deduction, from worksheet on page 22	26		
27	Keogh retirement plan and self-employed SEP deduction	27		
28	Penalty on early withdrawal of savings	28		
29	Alimony paid. Recipient's SSN ▶	29		
30	Add lines 24a through 29. These are your **total adjustments** ▶		30	268 46

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income.** *If this amount is less than $21,250 and a child lived with you, see page 45 to find out if you can claim the "Earned Income Credit" on line 56.* ▶	31	141,664 34

Cat. No. 11320B

Form 1040 (1991) Page 2

Tax Computation

If you want the IRS to figure your tax, see page 24.

32	Amount from line 31 (adjusted gross income)	32	141,664 34
33a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐		
c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 23 and check here ▶ 33c ☐		
34	Enter the larger of your: **Itemized deductions** (from Schedule A, line 26), OR **Standard deduction** (shown below for your filing status). **Caution:** *If you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero.* • Single—$3,400 • Head of household—$5,000 • Married filing jointly or Qualifying widow(er)—$5,700 • Married filing separately—$2,850	34	5,700 —
35	Subtract line 34 from line 32	35	135,964 34
36	If line 32 is $75,000 or less, multiply $2,150 by the total number of exemptions claimed on line 6e. If line 32 is over $75,000, see page 24 for the amount to enter	36	8,600 —
37	**Taxable income.** Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)	37	127,364 34
38	Enter tax. Check if from a ☐ Tax Table, b ☒ Tax Rate Schedules, c ☐ Schedule D, or d ☐ Form 8615 (see page 24). (Amount, if any, from Form(s) 8814 ▶ e ____)	38	32,598 45
39	Additional taxes (see page 24). Check if from a ☐ Form 4970 b ☐ Form 4972	39	
40	Add lines 38 and 39 ▶	40	32,598 45

Credits

(See page 25.)

41	Credit for child and dependent care expenses *(attach Form 2441)*	41		
42	Credit for the elderly or the disabled *(attach Schedule R)*	42		
43	Foreign tax credit *(attach Form 1116)*	43		
44	Other credits (see page 25). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) ____	44		
45	Add lines 41 through 44		45	
46	Subtract line 45 from line 40. (If line 45 is more than line 40, enter -0-.) ▶		46	32,598 45

Other Taxes

47	Self-employment tax *(attach Schedule SE)*	47	536 92
48	Alternative minimum tax *(attach Form 6251)*	48	
49	Recapture taxes (see page 26). Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828	49	
50	Social security and Medicare tax on tip income not reported to employer *(attach Form 4137)*	50	
51	Tax on an IRA or a qualified retirement plan *(attach Form 5329)*	51	
52	Advance earned income credit payments from Form W-2	52	
53	Add lines 46 through 52. This is your **total tax** ▶	53	33,135 37

Payments

Attach Forms W-2, W-2G, and 1099-R to front.

54	Federal income tax withheld (if any is from Form(s) 1099, check ▶ ☐)	54	37,850 —	
55	1991 estimated tax payments and amount applied from 1990 return	55		
56	**Earned income credit** *(attach Schedule EIC)*	56		
57	Amount paid with Form 4868 (extension request)	57		
58	Excess social security, Medicare, and RRTA tax withheld (see page 27)	58		
59	Other payments (see page 27). Check if from a ☐ Form 2439 b ☐ Form 4136	59		
60	Add lines 54 through 59. These are your **total payments** ▶		60	37,850 —

Refund or Amount You Owe

61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶	61	4,714 63
62	Amount of line 61 to be **REFUNDED TO YOU** ▶	62	4,714 63
63	Amount of line 61 to be **APPLIED TO YOUR 1992 ESTIMATED TAX** ▶ 63		
64	If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE.** Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1991 Form 1040" on it.	64	
65	Estimated tax penalty (see page 28). Also include on line 64. 65		

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation
Andrew Jacobs	2-1-92	U.S. Representative
Spouse's signature (if joint return, BOTH must sign)	**Date**	**Spouse's occupation**
Michelle Jacobs	2-1-92	T.V. Feature Talent

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's social security no.
Firm's name (or yours if self-employed) and address		E.I. No.	ZIP code

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service (5)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No 1545-0074

1991

Attachment Sequence No 07

Name(s) shown on Form 1040: ANDREW, JR. and KIMBERLY HOOD JACOBS

Your social security number: 309 35 8323 / 311 62 1624

Medical and Dental Expenses		**Caution:** *Do not include expenses reimbursed or paid by others.*			
	1	Medical and dental expenses. (See page 38.)	1		
	2	Enter amount from Form 1040, line 32 [2]			
	3	Multiply line 2 above by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0- ▶		4	
Taxes You Paid (See page 38.)	5	State and local income taxes	5	4,114 42	
	6	Real estate taxes	6	1,849 38	
	7	Other taxes. (List—include personal property taxes.) ▶ Personal Property Tax on Cars	7	560 30	
	8	Add lines 5 through 7. Enter the total ▶		8	6,524 10
Interest You Paid (See page 39.)	9a	Home mortgage interest and points reported to you on Form 1098	9a		
	b	Home mortgage interest not reported to you on Form 1098. (If paid to an individual, show that person's name and address.) ▶	9b		
Note: Personal interest is no longer deductible	10	Points not reported to you on Form 1098. (See instructions for special rules.)	10		
	11	Investment interest (attach Form 4952 if required). (See page 40.)	11		
	12	Add lines 9a through 11. Enter the total ▶		12	
Gifts to Charity (See page 40.)		**Caution:** *If you made a charitable contribution and received a benefit in return, see page 40.*			
	13	Contributions by cash or check	13	CHOOSE NOT TO DEDUCT	
	14	Other than cash or check. (You **MUST** attach Form 8283 if over $500.)	14		
	15	Carryover from prior year	15		
	16	Add lines 13 through 15. Enter the total ▶		16	
Casualty and Theft Losses	17	Casualty or theft loss(es) (attach Form 4684). (See page 40.) ▶		17	
Moving Expenses	18	Moving expenses (attach Form 3903 or 3903F). (See page 41.) ▶		18	
Job Expenses and Most Other Miscellaneous Deductions (See page 41 for expenses to deduct here.)	19	Unreimbursed employee expenses—job travel, union dues, job education, etc. (You **MUST** attach Form 2106 if required. See instructions.) ▶	19	CHOOSE NOT TO DEDUCT BUS. EXPENSES	
	20	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ▶	20		
	21	Add lines 19 and 20	21		
	22	Enter amount from Form 1040, line 32 [22]			
	23	Multiply line 22 above by 2% (.02)	23		
	24	Subtract line 23 from line 21. Enter the result. If less than zero, enter -0- ▶		24	
Other Miscellaneous Deductions	25	Other (from list on page 41 of instructions). List type and amount ▶		25	
Total Itemized Deductions	26	• If the amount on Form 1040, line 32, is $100,000 or less ($50,000 or less if married filing separately), add lines 4, 8, 12, 16, 17, 18, 24, and 25. Enter the total here. • If the amount on Form 1040, line 32, is more than $100,000 (more than $50,000 if married filing separately), see page 42 for the amount to enter. ▶		26	WITH REDUCTION 5,274 17

Caution: *Be sure to enter on Form 1040, line 34, the* ***LARGER*** *of the amount on line 26 above or your standard deduction.*

Schedules A&B (Form 1040) 1991 — OMB No. 1545-0074 — Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.): ANDREW, JR. and KIMBERLY HOOD JACOBS

Your social security number: 309 36 8562 / 311 62 1534

Attachment Sequence No. 08

Schedule B—Interest and Dividend Income

Part I Interest Income (See pages 15 and 43.)

If you received more than $400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 43), you must complete Part I. List ALL interest received in Part I. If you received more than $400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 43.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Interest Income		Amount
1 Interest income. (List name of payer—if any interest income is from seller-financed mortgages, see instructions and list this interest first.) ▶		
First Ind. Savings Bank - Indianapolis		10 07
Ind. NAT. Bank - Indianapolis		2,580 97
U.S. BOND		6,471 -
U.S. BOND		6,087 -
Congressional Fed. Cr. Union - D.C.	1	63 40
2 Add the amounts on line 1	2	15,212 44
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	3	—
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	15,212 44

Part II Dividend Income (See pages 16 and 43.)

If you received more than $400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 43.

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Dividend Income		Amount
5 Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ▶	5	
6 Add the amounts on line 5	6	
7 Capital gain distributions. Enter here and on Schedule D* 7		
8 Nontaxable distributions. (See the inst. for Form 1040, line 9.) 8		
9 Add lines 7 and 8	9	
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	

If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

Part III Foreign Accounts and Foreign Trusts (See page 43.)

If you received more than $400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

	Yes	No
11a At any time during 1991, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 43 for exceptions and filing requirements for Form TD F 90-22.1.)		
b If "Yes," enter the name of the foreign country ▶		
12 Were you the grantor of, or transferor to, a foreign trust that existed during 1991, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 1991

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (5)

Capital Gains and Losses

(And Reconciliation of Forms 1099-B for Bartering Transactions)

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ For more space to list transactions for lines 1a and 8a, get Schedule D-1 (Form 1040).

OMB No. 1545-0074

1991

Attachment Sequence No. **12A**

Name(s) shown on Form 1040: ANDREW, JR and KIMBERLY HOOD JACOBS

Your social security number: 309 : 26 : 8562 / 311 : 62 : 7624

Caution: *Add the following amounts reported to you for 1991 on Forms 1099-B and 1099-S (or on substitute statements): **(a)** proceeds from transactions involving stocks, bonds, and other securities, and **(b)** gross proceeds from real estate transactions not reported on another form or schedule. If this total does not equal the total of lines 1c and 8c, column (d), attach a statement explaining the difference.*

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
1a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.						
1b Amounts from Schedule D-1, line 1b (attach Schedule D-1)						
1c Total of All Sales Price Amounts. Add column (d) of lines 1a and 1b ▶ 1c						
1d Other Transactions (Do NOT include real estate transactions from Forms 1099-S on this line. Report them on line 1a.)						

2	Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	2	
3	Short-term gain from installment sales from Form 6252, line 22 or 30	3	
4	Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries	4	
5	Short-term capital loss carryover from 1990 Schedule D, line 29	5	
6	Add lines 1a, 1b, 1d, and 2 through 5, in columns (f) and (g)	6	( )
7	**Net short-term capital gain or (loss).** Combine columns (f) and (g) of line 6	7	

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

8a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.							
FAIRMONT, IND. BOND	8·7·86	7·5·91	3,000	2,804.64			195 36
8b Amounts from Schedule D-1, line 8b (attach Schedule D-1)							
8c Total of All Sales Price Amounts. Add column (d) of lines 8a and 8b ▶ 8c							
8d Other Transactions (Do NOT include real estate transactions from Forms 1099-S on this line. Report them on line 8a.)							

9	Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	9	—
10	Long-term gain from installment sales from Form 6252, line 22 or 30	10	
11	Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries	11	
12	Capital gain distributions	12	
13	Gain from Form 4797, line 7 or 9	13	
14	Long-term capital loss carryover from 1990 Schedule D, line 36	14	
15	Add lines 8a, 8b, 8d, and 9 through 14, in columns (f) and (g)	15	( )
16	**Net long-term capital gain or (loss).** Combine columns (f) and (g) of line 15	16	195 36

For Paperwork Reduction Act Notice, see Form 1040 Instructions. Cat. No. 11338H **Schedule D (Form 1040) 1991**

Schedule D (Form 1040) 1991 — Attachment Sequence No. **12A** — Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.) — Your social security number: 309 86 8563 / 317 62 1834

Part III Summary of Parts I and II

17	Combine lines 7 and 16 and enter the net gain or (loss) here. If the result is a gain, also enter the gain on Form 1040, line 13. (**Note:** *If both lines 16 and 17 are gains, see Part IV below.*)	17	195 36
18	If line 17 is a (loss), enter here and as a (loss) on Form 1040, line 13, the **smaller** of:		
a	The (loss) on line 17; **or**		
b	($3,000) or, if married filing a separate return, ($1,500)	18	( )

Note: *When figuring whether line 18a or 18b is* ***smaller****, treat both numbers as positive.*
Complete Part V if the loss on line 17 is more than the loss on line 18, OR if Form 1040, line 37, is zero.

Part IV Tax Computation Using Maximum Capital Gains Rate

USE THIS PART TO FIGURE YOUR TAX ONLY IF BOTH LINES 16 AND 17 ARE GAINS, AND:

You checked filing status box:	AND	Form 1040, line 37, is over:	You checked filing status box:	AND	Form 1040, line 37, is over:
1		$49,300	3		$41,075
2 or 5		$82,150	4		$70,450

19	Enter the amount from Form 1040, line 37	19	
20	Enter the **smaller** of line 16 or line 17	20	
21	Subtract line 20 from line 19	21	
22	Enter: **a** $20,350 if you checked filing status box 1; **b** $34,000 if you checked filing status box 2 or 5; **c** $17,000 if you checked filing status box 3; or **d** $27,300 if you checked filing status box 4	22	
23	Enter the **greater** of line 21 or line 22	23	
24	Subtract line 23 from line 19	24	
25	Figure the tax on the amount on line 23. Use the Tax Table or Tax Rate Schedules, whichever applies	25	
26	Multiply line 24 by 28% (.28)	26	
27	Add lines 25 and 26. Enter here and on Form 1040, line 38, and check the box for Schedule D	27	

Part V Capital Loss Carryovers from 1991 to 1992

Section A.—Carryover Limit

28	Enter the amount from Form 1040, line 35. If a loss, enclose the amount in parentheses	28	
29	Enter the loss from line 18 as a positive amount	29	
30	Combine lines 28 and 29. If zero or less, enter -0-	30	
31	Enter the **smaller** of line 29 or line 30	31	

Section B.—Short-Term Capital Loss Carryover to 1992 (Complete this section only if there is a loss on both lines 7 and 18.)

32	Enter the loss from line 7 as a positive amount			32	
33	Enter the gain, if any, from line 16		33		
34	Enter the amount from line 31		34		
35	Add lines 33 and 34			35	
36	**Short-term capital loss carryover to 1992.** Subtract line 35 from line 32. If zero or less, enter -0-			36	

Section C.—Long-Term Capital Loss Carryover to 1992 (Complete this section only if there is a loss on both lines 16 and 18.)

37	Enter the loss from line 16 as a positive amount			37	
38	Enter the gain, if any, from line 7		38		
39	Enter the amount from line 31	39			
40	Enter the amount, if any, from line 32	40			
41	Subtract line 40 from line 39. If zero or less, enter -0-		41		
42	Add lines 38 and 41			42	
43	**Long-term capital loss carryover to 1992.** Subtract line 42 from line 37. If zero or less, enter -0-			43	

Part VI Election Not To Use the Installment Method (Complete this part only if you elect out of the installmen method and report a note or other obligation at less than full face value.)

44	Check here if you elect out of the installment method	▶ ☐
45	Enter the face amount of the note or other obligation	▶
46	Enter the percentage of valuation of the note or other obligation	▶ %

Part VII Reconciliation of Forms 1099-B for Bartering Transactions

(Complete this part if you received one or more Forms 1099-B or substitute statements reporting bartering income.)

		Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule	
47	Form 1040, line 22	47	
48	Schedule C, D, E, or F (Form 1040) (specify) ▶	48	
49	Other form or schedule (identify) (if nontaxable, indicate reason—attach additional sheets if necessary):	49	
50	**Total.** Add lines 47 through 49. This amount should be the same as the total bartering income on all Forms 1099-B and substitute statements received for bartering transactions	50	

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (5)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065.

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule C (Form 1040).

OMB No 1545-0074

1991

Attachment Sequence No 09

Name of proprietor: KIMBERLY HOOD JACOBS

Social security number (SSN): 311 62 1624

A Principal business or profession, including product or service (see instructions): TV Feature Talent

B Enter principal business code (from page 2) ▶

C Business name: Vidio Indiana, Inc. (contract with)

D Employer ID number (Not SSN): 31 0864602

E Business address (including suite or room no.) ▶ 1000 N. Meridian

City, town or post office, state, and ZIP code: Indianapolis, In. 46206

F Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Method(s) used to value closing inventory: (1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (attach explanation) (4) ☐ Does not apply (if checked, skip line H)

	Yes	No
H Was there any change in determining quantities, costs or valuations between opening and closing inventory? (If "Yes," attach explanation.)		
I Did you "materially participate" in the operation of this business during 1991? (If "No," see instructions for limitations on losses.)		

J If this is the first Schedule C filed for this business, check here ▶ ☐

Part I Income

1	Gross receipts or sales. **Caution:** *If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the instructions and check here* ▶ ☐	1	3,800 —
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 40 on page 2)	4	
5	Subtract line 4 from line 3 and enter the **gross profit** here	5	
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Add lines 5 and 6. This is your **gross income** ▶	7	3,800 —

Part II Expenses (*Caution: Enter expenses for business use of your home on line 30.*)

8	Advertising	8		21	Repairs and maintenance	21	
9	Bad debts from sales or services (see instructions)	9		22	Supplies (not included in Part III)	22	
10	Car and truck expenses (see instructions—also attach **Form 4562**)	10		23	Taxes and licenses	23	
11	Commissions and fees	11		24	Travel, meals, and entertainment		
12	Depletion	12		a	Travel	24a	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		b	Meals and entertainment		
14	Employee benefit programs (other than on line 19)	14		c	Enter 20% of line 24b subject to limitations (see instructions)		
15	Insurance (other than health)	15		d	Subtract line 24c from line 24b	24d	
16	Interest:			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less jobs credit)	26	
b	Other	16b		27a	Other expenses (**list type and amount**)		
17	Legal and professional services	17					
18	Office expense	18					
19	Pension and profit-sharing plans	19					
20	Rent or lease (see instructions):						
a	Vehicles, machinery, and equipment	20a					
b	Other business property	20b		27b	Total other expenses	27b	

28	Add amounts in columns for lines 8 through 27b. These are your **total expenses** before expenses for business use of your home ▶	28	
29	Tentative profit (loss). Subtract line 28 from line 7	29	—
30	Expenses for business use of your home (attach **Form 8829**)	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. If a profit, enter here and on Form 1040, line 12. Also enter the net profit on Schedule SE, line 2 (statutory employees, see instructions). If a loss, you MUST go on to line 32 (fiduciaries, see instructions)	31	3,800 —

32 If you have a loss, you MUST check the box that describes your investment in this activity (see instructions)

32a ☐ All investment is at risk

32b ☐ Some investment is not at risk

If you checked 32a, enter the loss on Form 1040, line 12, and Schedule SE, line 2 (statutory employees, see instructions). If you checked 32b, you MUST attach **Form 6198.**

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (0)

Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

OMB No. 1545-0074

1991

Attachment Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040) | Social security number of person with **self-employment** income ▶

Who Must File Schedule SE

You must file Schedule SE if:

- Your *net earnings from self-employment from other than church employee income* (line 4 of Short Schedule SE or line 4c of Long Schedule SE) were $400 or more; **OR**
- You had church employee income (as defined in the instructions) of $108.28 or more;

  AND
- Your wages (and tips) subject to social security AND Medicare tax (or railroad retirement tax) were less than $125,000.

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner, AND you filed **Form 4361** and received IRS approval not to be taxed on those earnings, DO NOT file Schedule SE. Instead, write "Exempt–Form 4361" on Form 1040, line 47.

Note: *Most people can use Short Schedule SE on this page. But you may have to use Long Schedule SE on the back.*

Who MUST Use Long Schedule SE (Section B)

You must use Long Schedule SE if ANY of the following apply:

- You received wages or tips **and** the total of all of your wages (and tips) subject to social security, Medicare, or railroad retirement tax plus your net earnings from self-employment is more than $53,400;
- You use either "optional method" to figure your net earnings from self-employment (see Section B, Part II, and the instructions);
- You are a minister, member of a religious order, or Christian Science practitioner and you received IRS approval (by filing Form 4361) not to be taxed on your earnings from these sources, but you owe self-employment tax on other earnings;
- You had church employee income of $108.28 or more that was reported to you on Form W-2; **OR**
- You received tips subject to social security, Medicare, or railroad retirement tax, but you did not report those tips to your employer.

Section A—Short Schedule SE (Read above to see if you must use Long Schedule SE on the back (Section B).)

1	Net farm profit or (loss) from Schedule F (Form 1040), line 37, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C (Form 1040), line 31, and Schedule K-1 (Form 1065), line 15a (other than farming). See instructions for other income to report	2	3,800 —
3	Combine lines 1 and 2	3	3,800 -
4	**Net earnings from self-employment.** Multiply line 3 by .9235. If less than $400, **do not** file this schedule; you **do not** owe self-employment tax. **Caution:** *If you received wages or tips, and the total of your wages (and tips) subject to social security, Medicare, or railroad retirement tax plus the amount on line 4 is more than $53,400, you cannot use Short Schedule SE. Instead, use Long Schedule SE on the back* ▶	4	3509 30
5	**Self-employment tax.** If the amount on line 4 is: • $53,400 or less, multiply line 4 by 15.3% (.153) and enter the result. • More than $53,400, but less than $125,000, multiply the amount in excess of $53,400 by 2.9% (.029). Add $8,170.20 to the result and enter the total. • $125,000 or more, enter $10,246.60. Also enter this amount on Form 1040, line 47	5	536 92

Note: *Also enter one-half of the amount from line 5 on* ***Form 1040, line 25.***

For Paperwork Reduction Act Notice, see Form 1040 instructions. Cat. No. 11358Z **Schedule SE (Form 1040) 1991**

1943

1 Control number

OMB No. 1545 0008

2 Employer's name, address, and ZIP code
SERGEANT AT ARMS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON DC 20515

6 Statutory employee | Deceased | Pension plan X | Legal rep | 942 emp | Subtotal | Deferred compensation | Void

7 Allocated tips .00

8 Advance EIC payment .00

9 Federal income tax withheld 37850.00

10 Wages, tips, other compensation 122725.00

3 Employer's identification number 53-6002522

4 Employer's state I.D. number 536002522

11 Social security tax withheld 3310.80

12 Social security wages 53400.00

5 Employee's social security number 309-26-8562

13 Social security tips .00

14 Medicare wages and tips 122725.00

19 Employee's name, address, and ZIP code
ANDREW JACOBS, JR.

15 Medicare tax withheld 1779.49

16 Nonqualified plans .00

17 See instrs. for Box 17
.00
.00
.00

18 Other
.00
.00
.00

20

21

22 Dependent care benefits .00

23 Benefits included in Box 10 .00

24 State income tax 5303.00

25 State wages, tips, etc 122725.00

26 Name of state IN

27 Local income tax .00

28 Local wages, tips, etc .00

29 Name of locality

Copy B To Be Filed With Employee's FEDERAL Tax Return

Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement 1991

This information is being furnished to the Internal Revenue Service

X 3-PT 2-WIDE W-2 CARBONLESS

1944

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code		1 Rents $	OMB No 1545-0115	Miscellaneous Income
VideoIndiana, Inc. 1000 N. Meridian Street Indianapolis, IN 46204		2 Royalties $	1991	
		3 Prizes, awards, etc $		
PAYER'S Federal identification number 31-0864602	RECIPIENT'S identification number 311-62-1624	4 Federal income tax withheld $	5 Fishing boat proceeds $	Copy B For Recipient
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code Kim Hood Jacobs 1201 West 64th Street Indianapolis, IN 46260		6 Medical and health care payments $	7 Nonemployee compensation $ 3,400.00	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported
		8 Substitute payments in lieu of dividends or interest $	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	
		10 Crop insurance proceeds $	11 State income tax withheld $	
Account number (optional)		12 State/Payer's state number		

Form **1099-MISC** IRS APP. Department of the Treasury - Internal Revenue Service

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : : 14 : : 2 04

(11)

CRAIG T. JAMES
(Full Name)

1408 LONGWORTH HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D. C. 20515 — Telephone: 202-225-4035

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State FLORIDA District 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
**	ZIMMERMAN, PAUL & BAUER	DEFERRED FEE PAYMENT EARNED PRIOR TO 1-1-89	61,239

1945

For payments to charity in lieu of honoraria, use next page

** SEE ATTACHED STATEMENT

Reporting Individual's Name

CRAIG T. JAMES

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
NONE				

Reporting Individual's Name
CRAIG T. JAMES

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A–3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional				Year End Value (X)										Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				None	A Less than $1,001	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX over $1,000,000	
S, DC, JT	Examples.	S	ABC Corporation Stock			X								X								X										X
			George Wash. Credit Union Accounts				X									X								X								
			182 Main Street, Dover, Delaware					X							X								X									
S	AMERICAN TEL & TEL STOCK						X							X								X										
S	AMERITECH STOCK					X								X								X										
S	BELL ATLANTIC STOCK					X								X								X										
S	BELL SOUTH STOCK					X								X								X										
S	NYNEX STOCK					X								X								X										
S	PACIFIC TELESIS STOCK					X								X								X										

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CRAIG T. JAMES

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	SOUTHWESTERN BELL STOCK			X								X								X								
S	U.S. WEST STOCK			X								X								X								
JT	1ST COMMUNITY BANK STOCK ORANGE CITY, FL			X															X									
JT	CENTRAL FL FED LAND BANK STOCK ORLANDO, FL			X															X									
JT	DEAN WITTER SEARS LIQUID ASSETS INTERCAPITAL MONEY MARKET FUND			X								X								X								
JT	FIRST UNION BANK, DELAND, FL MONEY MARKET ACCOUNT					X													X									
JT	FIRST UNION BANK, DELAND, FL MONEY MARKET ACCOUNT					X													X									
JT	FIRST UNION BANK, DELAND, FL CHECKING ACCOUNT						X							X						X								
JT	SARGEANT AT ARMS,HOUSE OF REP WASH.,D.C.-CHECKING ACCT.-CLOSED	X																	X									
JT	CONGRESSIONAL FED CREDIT UNION WASHINGTON,D.C.- CHECKING ACCT.				X									X						X								
JT	SURETY BANK DELAND, FL - SAVINGS ACCT.					X								X								X						
S	FIRST UNION BANK DELAND, FL - IRA ACCOUNTS			X										X						X								
S	BARNETT BANK DELAND, FL - IRA ACCOUNTS			X										X						X								
	FIRST UNION BANK DELAND, FL - IRA ACCOUNTS			X										X						X								
	BARNETT BANK DELAND, FL - IRA ACCOUNTS				X									X							X							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

CRAIG T. JAMES

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
BARNETT BANK DELAND, FL - CHECKING ACCOUNT	JT		X											X						X										
BARENTT BANK DELAND, FL - CERT OF DEPOSIT	JT					X								X						X										
MUNICIPAL INVESTMENT TRUST #163 INCLUDING TAX FREE ACCUM. ACCT.	JT		X											X									X							
ZIMMERMAN, PAUL & BAUER, DELAND, FL EMPLOYEES SAVINGS TRUST/RETIRE PL					X									X								X								
ZIMMERMAN & PAUL, DELAND, FL NOTE RECEIVABLE			X											X	X							X								
COMMITTEE TO RE-ELECT CONGRESSMAN CRAIG JAMES - NOTE RECEIVABLE						X														X		X								
JAMES, ZIMMERMAN & PAUL, DELAND, FL 1/3 INT. IN PARTNERSHIP CONSISTING OF REAL ESTATE RELATED ASSETS						X								X		X		X	~~DISB. PARTNERSHIP~~	X			X							
PIERSON FERNERY, PIERSON, FL ACCOUNTS RECEIVABLE			X																PASSIVE AGRICULT.											
PIERSON FERNERY, PIERSON, FL PASSIVE AGRICULTURE ACTIVITY																			PASSIVE AGRICULT.							(GROSS) (NET)	X	X		
CONTIGUOUS PARCEL I FERNERY & EQUIPMENT 25% INTEREST						X																								
CONTIGUOUS PARCEL II FERNERY, EQUIPMENT & 73 UNIMPROVED ACRES=33% INT.									X																					
CRAIG T. JAMES, DELAND, FL OFFICE FURNITURE AT BOOK VALUE		X																		X										

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
CRAIG T. JAMES

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less Than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $1,000,000	Transaction (X)
JT	FIRST UNION BANK, DELAND, FL MONEY MARKET ACCT-CLOSED 12/91	X												X									X				

1950

Reporting Individual's Name

CRAIG T. JAMES

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE XXX

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

CRAIG T. JAMES

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	CENTRAL FLORIDA FEDERAL LAND BANK ORLANDO, FL	MORTGAGE ON FERNERY PIERSON, FL		X					

1952

Reporting Individual's Name: CRAIG T. JAMES

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [ ]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
CONSTANCE MELVIN 720 E.PENNSYLVANIA AV.DELAND,FL	BELLEEK VASE	110.
MARK WYLIE,ASSOCIATED BUILDERS & CONTRACTORS,WINTERPARK,FL	EAGLE AWARD TROPHY	120.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [XXX]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

1953

Reporting Individual's Name: CRAIG T. JAMES

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
GENERAL PARTNER	JAMES, ZIMMERMAN & PAUL, DELAND, FL. (REAL ESTATE)
OWNER	PIERSON FERNERY, PIERSON, FL.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [ ]

	Date	Parties To	Terms of Agreement
**	12/31/88	CRAIG T. JAMES AND ZIMMERMAN, PAUL & BAUER	DEFERRED COMPENSATION FROM FORMER LAW FIRM FOR SERVICES BEFORE CONGRESS

** SEE ATTACHED STATEMENT

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Craig T. James	MAY 12, 1992

GPO 1991 [illegible]267 (m)

CRAIG T. JAMES
FINANCIAL DISCLOSURE STATEMENT
1991

PAGE A-1, PART 1A - EARNED INCOME

PAGE A-6, PART IX - AGREEMENTS

AS PART OF THE SALE OF HIS SHARE OF THE LAW FIRM, JAMES, ZIMMERMAN & PAUL, CERTAIN FEES WHICH WERE EARNED IN 1988 AND PRIOR YEARS ARE BEING PAID TO MR. JAMES AS THEY ARE COLLECTED BY THE LAW FIRM. PURSUANT TO DISCUSSIONS WITH THE COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT THESE FEES DO NOT COUNT AGAINST THE EARNED INCOME LIMIT FOR 1991.

92 JUN -3 PM 1:37

June 4, 1992

Hon. Lewis Stokes, Chairman
Committee on Standards of Official Conduct
Suite H-2
U.S. Capitol
Washington, DC 20515

Dear Mr. Chairman:

Pursuant to your inquiry regarding my 1991 Financial Disclosure Statement, here is the additional information you requested.

JAMES, ZIMMERMAN AND PAUL

The underlying assets and liabilities of the one-third ownership of JAMES, ZIMMERMAN AND PAUL are as follows:

ASSET	VALUE OF ONE-THIRD INTEREST
Law Office Building and Lot, 431 East New York Ave, Deland, FL, subject to lease to Zimmerman, Paul & Bauer	E
Mortgage on Unimproved Property A, adjoining 431 E. New York Ave, G. Donald & Leslie Whalen, Mortgagors	C
Unimproved Property B, adjoining Property A	E

LIABILITIES

Mortgage on Parcels A & B, James B. & Nancy Clayton, Taylor & Early, P.A., Mortgagees	C
Mortgage on 431 E. New York Ave First Union Bank, DeLand, FL, Mortgagee	D

PIERSON FERNERY AND CONTIGUOUS PROPERTY

There was no transaction involving Contiguous Parcel II. Contiguous Parcel II was 80 acres in 1990 and 73 acres in 1991 because 7 acres were put into cultivation as part of the fernery.

Thank you for bringing your inquiry to my attention.

Sincerely,

Craig T. James

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 1:26

William Jennings Jefferson
(Full Name)

506 Cannon Building, Washington D.C. 20515 (202) 225-6636
(Mailing Address) Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State LA District 2	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

mc

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Southern University	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

1958

Reporting Individual's Name
William Jennings Jefferson

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	College of American Pathologists	Speech	Sept. 30, 1991	$1,000.00

1959

Reporting Individual's Name
William Jennings Jefferson

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Year End Value (X): A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	Block D Transaction (X)
S	Examples: ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Investment Property:																												
	Residential Rental Property 33 Units, 2712 Loyola, N.O., LA						X						X											X					NONE
	Residential Rental Property 16 Units, 1520-24 Kings Rd. LA					X							X						X										NONE
	Residential Rental Property Rte. 3 Box 26 Lake Providence LA					X							X											X					NONE
	Farmland - 40 Acres Rte. 3 Box 26 Lake Providence LA				X								X										X						NONE
	Farmland - 5 Acres Rte. 3 Box 26 Lake Providence LA			X									X										X						NONE

For additional assets and unearned income, use next page

1960

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William Jennings Jefferson

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Jefferson, Bryan, Jupiter, etal (shares in legal corporation)							X						X	X											X		NONE
Residential Rental Property 12 Units 1415 Esplanade N.O. LA				X								X						X									NONE
Jefferson for Mayor Campaign Committee; loan rec.						X												X									NONE
Jefferson Committee for Congress; loan rec.			X															X									NONE

1961

Reporting Individual's Name

William Jennings Jefferson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 - over
	Example ABC Corporation Common Stock	X			10-12-90			X				

1962

Reporting Individual's Name
William Jennings Jefferson

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Home Savings & Loan (Mortgage loan),N.O.	Mortgage on 1520-32 Kings Rd.					X		
	Commonwealth Savings, N.O.	Mortgage on 2712 Loyola and 1415 Esplanade		X					
	First National Bank of Commerce, N.O.	Secured and unsecured loan		X					
	First National Bank, Lake Providence	Secured and unsecured loan		X					
	Peoples Bank and Trust Co., Chalmette, LA	Unsecured loan			X				
	Hibernia National Bank, N.O.	Secured loan	X						

Reporting Individual's Name
William Jennings Jefferson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
William Jennings Jefferson

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement
	NONE DURING REPORTING PERIOD -- SEE 1990 DISCLOSURE FORM FOR PRIOR AGREEMENT	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William J. Jefferson	5/14/92

1965

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

92 15 11 20

Ed Jenkins
(Full Name)

2427 Rayburn Building
(Mailing Address)

Telephone
Washington, D.C. 20515 202-225-5211

HAND DELIVERED

Filer Status	XX Member of the U.S. House of Representatives	State Georgia District 9th	Officer or Employee	Employing Office
Report Type	XX Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE XX

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

1966

Reporting Individual's Name

Congressman Ed Jenkins

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
Securities Industry Association	Speech	March 19, 1991	$2000
Harris Corporation	Speech	April 16, 1991	$1000

Reporting Individual's Name
Congressman Ed Jenkins

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)										BLOCK D
			You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X). Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock		X									X									X								X
			George Wash. Credit Union Accounts			X									X									X							
			182 Main Street, Dover, Delaware				X								X								X							
			Savings Account, Jasper Banking Co. Jasper, Georgia			X									X									X							
			Savings Account, Pickens County Bank Jasper, Georgia		X										X								X								
			Stock, Citizens Bank, Ballground, Ga.			X								X									X								
			1/3 interest-120 acres timberland, Jasper, Georgia			X															X										
			5 acres Pineywood Subdivision (8 lots), Jasper, Ga.			X															X										
			Lot 20, Cove Mountain Subdivision, Jasper, Ga.		X																X										

For additional assets and unearned income, use next page

1968

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Congressman Ed Jenkins

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	i Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
15 acres, Foxrun Subdivision, Jasper, Georgia						X													X									
82 acres, Pickens Co., Georgia (includes rental house)							X						X									X						
200 acres, Pickens Co., Ga., farm, Talking Rock, Georgia							X						X								X							
Store Building, 201 N.W. Street, Jasper, Georgia	S					X							X											X				
1/2 interest - 100 acre farm, Union County, Georgia	S					X													X									
Joint ownership of partnership land holdings:				X															X									
(1) Sharptop Ridge, Jasper, Ga. (15%)																												

1969

Reporting Individual's Name

Congressman Ed Jenkins

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Congressman Ed Jenkins

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [XX]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

Reporting Individual's Name
Congressman Ed Jenkins

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4 limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE XX

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE XX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Congressman Ed Jenkins

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Trustee	Reinhardt College, Waleska, Georgia
Trustee	Young Harris College, Young Harris, Georgia

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [XX] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [XX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ed Jenkins	5-12-92

GPO: 1991: 50-267 (m)

1973

(10)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Nancy Lee Johnson
(Full Name)

227 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

202-225-4476
Telephone

HAND DELIVERED

Filer Status: [X] Member of the U.S. House of Representatives — State CT District 6 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Grove Hill Medical Center	spouse salary	NA

For payments to charity in lieu of honoraria, use next page

1974

Nancy L. Johnson

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(if necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Congressional Quarterly, Inc.	Speech	Dec. 11, 1991	$300
Fireman's Fund	Speech	Feb. 20, 1991	$500
NMTBA - Assoc. for Manufacturing Technology	Speech	June 28, 1991	$1,000
Securities Industry Association	Speech	June 18, 1991	$2,000
Franklin Venture Capital, Inc.	Speech	Dec. 23, 1991	$1,000

1975

Nancy L. Johnson

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: George Wash. Credit Union Accounts				X									X								X							
	Examples: 182 Main Street, Dover, Delaware					X							X										X						
	American Savings Bank (escrow acct)		X											X						X									
	American Savings Bank (IRA)*			X														NA											
	Bank of Western Mass. (checking acct)				X									X							X								
	Boston Fund			X								X									X								
	CGM Mutual Fund			X								X									X								
	CT Gen. Realty Investors			X										X						X									

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND UNEARNED INCOME

Nancy L. Johnson

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S DC JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		I DIVIDENDS	II RENT	III INTEREST	IV CAPITAL GAINS	V EXCEPTED TRUST	VI QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
CT National Bank (IRA)*				X															NA											
Evergreen Fund				X									X								X									
Fidelity Capital Appreciation (IRA)*				X															NA											
Fidelity Conv. Security Fund (IRA)*				X															NA											
Fidelity CT Tax Free High Yield					X										X								X							
Fidelity Equity Income Fund (IRA)*				X															NA											
Fidelity Govt Securities				X											X								X							
Fidelity Growth & Income Port (IRA)*				X															NA											
Fidelity Intl Growth & Income (IRA)*				X															NA											
Fidelity OTC Portfolio				X									X								X									
Fidelity Overseas Fund (IRA)*				X															NA											
Fidelity Puritan Fund (IRA)*				X															NA											
Fidelity Spartan Ginnie Mae (IRA)				X															NA											X-purch
Fidelity Utilities Income Fund(IRA)*				X															NA											X-purch
First City Bank (chkg acct)				X											X						X									

1977

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Nancy L. Johnson

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	First City Bank (stock)			X										X					X											
	Fleet Bank (IRA)*			X														NA												
	Fleet Bank (savings acct)			X											X					X										
	Gino's Associates (ltd restaurants partnership)				X										X				X											
	Glaxo (stock)			X								X							X											X-purch
	ICC Harbin			X										X						X										
	Integrated Resources (ltd real est. partnership)			X											X				X											
	Ivy Growth Fund			X								X			X						X									
	Janus Venture Fund			X										X						X										X-purch
	Lindner Dividend Fund (IRA)*			X														NA												X-purch
	Mutual Shares Fund			X								X			X					X										
	Mutual Shares Fund (IRA)*			X														NA												
	Nuveen Muni-Bond Fund				X							X			X							X								
	Nuveen Tax Exempt Unit Trusts				X									X										X						
	Paine Webber Global Income Fund			X										X					X											X-purch

PARTS II AND III—ASSETS AND UNEARNED INCOME

Nancy L. Johnson

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Paine Webber Invest. Grade Bond Port		X									X									X							
Paine Webber Mutual Fund		X									X									X							
Pension Fund (Grove Hill Med Cntr)							X										NA										
Rental Property (785-7 Corbin Ave. New Britain)					X								X									X					
Scott Paper Co. (stock)		X									X								X								
Shadow Stock Fund		X									X								X								
Stanley Works (stock)					X						X											X					
USAA Cornerstone	X										X									X							
U.S. Treasury Notes			X										X							X							
Vanguard Extended Market Port (IRA)*		X															NA										
Wright Patman Credit Union (chkg acct)		X											X							X							X-opened
* IRA assets which should also be amended to 1990 report																											

Financial Disclosure A-2(a)

2 (Form 8)

1979

Nancy L. Johnson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90		X					
	Fidelity CT Municipal Money Market Portfolio		X		6/3/91	X						
	Fidelity Overseas Fund		X		10/14/91	X						
	Fidelity Spartan Money Market Fund		X		9/30/91	X						
	Fidelity Spartan Ginnie Mae Fund	X			9/30/91	X						
	Fidelity Utilities Income Fund	X			6/12/91 9/30/91	X X						
	Financial Tax Free Money Fund		X		4/8/91	X						
	Glaxo (stock)	X			11/15/91	X						
	Janus Venture Fund	X			9/18/91	X						
	Lexington Money Market Fund		X		4/8/91	X						
	Lindner Dividend Fund	X			5/9/91	X						
	Paine Webber Cash Fund		X		3/15/91	X						
	Paine Webber Global Income Fund	X			12/27/91	X						
	USAA Money Market		X		4/22/91	X						
	Wright Patman Credit Union (chkg acct)	opened			10/1/91	X						

1980

Nancy L. Johnson

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Burritt Bank (New Britain, CT)	Personal Note (unsecured)			X				
	Fleet Bank (New Britain, CT)	Mortgage on 785-7 Corbin Ave	X						
	Salisbury Land Associates (gen. partnership)	Personal Note (unsecured)				X			

1981

Reporting Individual's Name

Nancy L. Johnson

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Columbia Institute - Soviet/American Center for Democracy (conference)	Jan. 5-11 1991	Roundtrip Air from Wash. D.C. to Moscow, 7 days food & lodging for self and spouse	
Congresslonal Economic Leadership Institute (conference)trade talks	April 1-4, 1991	Roundtrip Air from Wash D.C. to Harlejan, 4 days food & lodging for self (Mexico)	
Midewest Business Group on Health (speech)	July 12-15, 1991	Roundtrip Air from Wash D.C. to Chicago and one meal	
Franklin Venture Capital, Inc. (speech)	Dec. 5, 1991	One way Air (for self only) from Wash D.C. to NYC and lodging for self and spouse for one night	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Nancy L. Johnson

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) — Yes [ ] No [ ] NA [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) — Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Nancy L. Johnson

DATE (Month, Day, Year) May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Nancy Lee Johnson
(Full Name)

227 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

202-225-4476
Telephone

(10)

HAND DELIVERED

Filer Status	[ ] Member of the U.S. House of Representatives	State CT District 6	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Grove Hill Medical Center	spouse salary	NA

1984

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Nancy L. Johnson

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
Congressional Quarterly, Inc.	Speech	Dec. 11, 1991	$300
Fireman's Fund	Speech	Feb. 20, 1991	$500
NMTBA - Assoc. for Manufacturing Technology	Speech	June 28, 1991	$1,000
Securities Industry Association	Speech	June 18, 1991	$2,000
Franklin Venture Capital, Inc.	Speech	Dec. 23, 1991	$1,000

1985

Nancy L. Johnson

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	Examples: George Wash. Credit Union Accounts				X									X									X					
	Examples: 182 Main Street, Dover, Delaware					X							X									X						
	American Savings Bank (escrow acct)		X											X						X								
	American Savings Bank (IRA)*			X														NA										
	Bank of Western Mass. (checking acct)				X									X							X							
	Boston Fund			X								X									X							
	CGM Mutual Fund			X								X									X							
	CI Gen. Realty Investors			X										X						X								

For additional assets and unearned income, use next page

1986

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Nancy L. Johnson

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
CT National Bank (IRA)*		X															NA										
Evergreen Fund		X									X									X							
Fidelity Capital Appreciation (IRA)*		X															NA										
Fidelity Conv. Security Fund (IRA)*		X															NA										
Fidelity CT Tax Free High Yield			X										X									X					
Fidelity Equity Income Fund (IRA)*		X															NA										
Fidelity Govt Securities		X											X								X						
Fidelity Growth & Income Port (IRA)*		X															NA										
Fidelity Intl Growth & Income (IRA)*		X															NA										
Fidelity OTC Portfolio		X									X									X							
Fidelity Overseas Fund (IRA)*		X															NA										
Fidelity Puritan Fund (IRA)*		X															NA										
Fidelity Spartan Ginnie Mae (IRA)		X															NA										X-purch
Fidelity Utilities Income Fund(IRA)*		X															NA										X-purch
First City Bank (chkg acct)		X											X						X								

Page 4 of 10

1987

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Nancy L. Johnson

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																			BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	I DIVIDENDS	II RENT	III INTEREST	IV CAPITAL GAINS	V EXCEPTED TRUST	VI QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
First City Bank (stock)				X										X					X											
Fleet Bank (IRA)*				X														NA												
Fleet Bank (savings acct)				X										X						X										
Gino's Associates (ltd restaurants partnership)					X									X					X											
Glaxo (stock)				X								X							X											X-purch
ICC Harbin				X										X						X										
Integrated Resources (ltd real est. partnership)				X											X				X											
Ivy Growth Fund				X								X			X						X									
Janus Venture Fund				X										X						X										X-purch
Lindner Dividend Fund (IRA)*				X														NA												X-purch
Mutual Shares Fund				X								X			X					X										
Mutual Shares Fund (IRA)*				X														NA												
Nuveen Muni-Bond Fund					X							X			X							X								
Nuveen Tax Exempt Unit Trusts					X									X									X							
Paine Webber Global Income Fund				X										X					X											X-purch

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Nancy L. Johnson

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $2,500	III $2,501 - $5,000	IV $5,001 - $15,000	V $15,001 - $50,000	VI $50,001 - $100,000	VII $100,001 - $1,000,000	VIII over $1,000,000	
Paine Webber Invest. Grade Bond Port			X									X									X							
Paine Webber Mutual Fund			X									X									X							
Pension Fund (Grove Hill Med Cntr)								X										NA										
Rental Property (785-7 Corbin Ave. New Britain)						X							X										X					
Scott Paper Co. (stock)			X									X								X								
Shadow Stock Fund			X									X								X								
Stanley Works (stock)						X						X											X					
USAA Cornerstone		X										X									X							
U.S. Treasury Notes				X										X							X							
Vanguard Extended Market Port (IRA)*			X															NA										
Wright Patman Credit Union (chkg acct)			X											X							X							X-opened
Investment Associates #				X										X								X						
Salisbury Land Associates #						X													X									
* IRA assets which should also be amended to 1990 report																												
# Amendment to 1991 Report																												

PAGE 6 OF 10

1989

Nancy L. Johnson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Fidelity CT Municipal Money Market Portfolio		X		6/3/91	X						
	Fidelity Overseas Fund		X		10/14/91	X						
	Fidelity Spartan Money Market Fund		X		9/30/91	X						
	Fidelity Spartan Ginnie Mae Fund	X			9/30/91	X						
	Fidelity Utilities Income Fund	X			6/12/91 9/30/91	X X						
	Financial Tax Free Money Fund		X		4/8/91	X						
	Glaxo (stock)	X			11/15/91	X						
	Janus Venture Fund	X			9/18/91	X						
	Lexington Money Market Fund		X		4/8/91	X						
	Lindner Dividend Fund	X			5/9/91	X						
	Paine Webber Cash Fund		X		3/15/91	X						
	Paine Webber Global Income Fund	X			12/27/91	X						
	USAA Money Market		X		4/22/91	X						
	Wright Patman Credit Union (chkg acct)	opened			10/1/91	X						

1990

Reporting Individual's Name
Nancy L. Johnson

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Burritt Bank (New Britain, CT)	Personal Note (unsecured)			X				
	Fleet Bank (New Britain, CT)	Mortgage on 785-7 Corbin Ave	X						
	Salisbury Land Associates (gen. partnership)	Personal Note (unsecured)				X			

1991

Reporting Individual's Name

Nancy L. Johnson

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Columbia Institute - Soviet/American Center for Democracy (conference)		Jan. 5-11 1991	Roundtrip Air from Wash. D.C. to Moscow, 7 days food & lodging for self and spouse	
Congressional Economic Leadership Institute (conference)trade talks		April 1-4, 1991	Roundtrip Air from Wash D.C. to Harlejan, 4 days food & lodging for self (Mexico)	
Midwest Business Group on Health (speech)		July 12-15, 1991	Roundtrip Air from Wash D.C. to Chicago and one meal	
Franklin Venture Capital, Inc. (speech)		Dec. 5, 1991	One way Air (for self only) from Wash D.C. to NYC and lodging for self and spouse for one night	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [ ] NA [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Nancy R. Johnson	May 15, 1992

GPO 1991 50 767 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(6)

1992 MAY 15 AM 10:50

RECEIVED
MC
(Office Use Only)

1994

Samuel Robert Johnson
(Full Name)

1912 Gansett Drive
(Mailing Address)

Plano, Texas 75075
Telephone (214) 424-6874

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District Third	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Texas House of Representatives	Salary	33,020.00
	State of Texas, Employee Retirement	Refund	$4,386.00
	United States Air Force Disability Pay	USAF Retirement	$44,031.00
	Carpet Caper, sales and services Plano, Texas	gross business receipts	$3,417.00

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Samuel Robert Johnson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X								X							
			182 Main Street, Dover, Delaware					X							X								X								
JT	3513 Shorecrest, Plano, Texas						X								X									X							

For additional assets and unearned income, use next page

Reporting Individual's Name: Samuel Robert Johnson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Samuel Robert Johnson

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$500,000	F $500,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Kislak Mortgage Corp., Miami Lakes, FL	First mortgage: 3513 Shorecrest		X					
JT	Plano Savings & Loan, Plano, Texas	Second mortgage: 3513 Shorecrest		X					
JT	Remington Investments, Remington, IN	Personal loan		X					

Reporting Individual's Name
Samuel Robert Johnson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Instit. Conference	3/14-3/16/91	Roundtrip train from Wash. D.C. to Princeton, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Samuel Robert Johnson

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
President	SRJ Designs, Incorporated Plano, Texas
Board Member	Dedman School at Southern Methodist University Dallas, Texas

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Samuel R. Johnson	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

(9)

Timothy Peter Johnson
(Full Name)

428 Cannon H.O.B. 202-225-2801
(Mailing Address) Telephone

Washington, D.C. 20515

Filer Status	X Member of the U.S. House of Representatives	State So. Dak. District At-L.	Officer or Employee	Employing Office	
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date	

ML
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Fairfax Co. (VA.) Public Schools, Springfield VA.	Spouse Salary	NA

2000

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Tim P. Johnson

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
-NONE-			

2001

Reporting Individual's Name
Tim P. Johnson

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
JT	102 N. Plum VERMILLION, S.D.						X							X						X										
"	716 E. NATIONAL "					X								X						X										
"	APPLE FED CR. UNION ACCT					X									X						X									
"	Home Trust S&L					X									X						X									
"	1st American Bank					X									X							X								
"	Dominion Bank					X									X							X								

2002

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Tim P. Johnson

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)								
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X). Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Community 1st Bank	JT			X										X						X									
MDM Acct	"			X										X							X								
Household Bank	"			X										X						X									

2008

Reporting Individual's Name
Tim P. Johnson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Tim P. Johnson

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT.	Home Trust S&L Vermillion, S.D.	102 N. Plain St Mtg. on 716 E. National Vermillion, SD		X					

2005

Reporting Individual's Name
Tim P. Johnson

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government.* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
CHINESE NAT'L ASS'N of INDUSTRY & COMMERCE		Aug. 5-9 1991	ROUNDTRIP AIR D.C. to TAIWAN, food, lodging for self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Lim P. Johnson

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
Tim P. Johnson

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Board Member	University of So. Dakota Foundation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Tim P. Johnson

DATE (Month, Day, Year): 4.21.92

GPO 1991 50-387 (m)

2008

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Harry A. Johnston, II
(Full Name)

1028 Longworth House Office Building — 202/225/3001
(Mailing Address) — Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District 14	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

30

HAND DELIVERED

M

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2009

Reporting Individual's Name
Harry A. Johnston, II

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year-end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X									X									X									X
	George Wash. Credit Union Accounts				X									X										X						
	182 Main Street, Dover, Delaware					X							X									X								
	American Exploration Co.		X									X									X									
	Ameritech			X								X									X									
	AT&T			X								X									X									
	Bell Atlantic			X								X									X									
	Bell South			X								X									X									
S	Blackstone North American Government Income Trust					X						X									X									

For additional assets and unearned income, use next page

2010

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Harry A. Johnston, II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Browning Ferris			X								X									X									
	Carlyle RE Ltd. Part. XIV			X								X									X									
	Centocor			X								X									X									
	City of Jacksonville - Airport			X										X							X									
	Dallas Semiconductor			X								X									X									
	Dial Corp.				X							X									X									
	EDS		X									X								X										
	Exxon Corp.				X							X											X							
S	Fidelity Federal (CD)			X										X							X									
S	Fidelity Federal (CD)				X									X									X							
S	Fidelity Federal (CD)			X										X									X							
	Fidelity Fed. S&L Passbook Acct.				X									X									X							
	Fidelity Mutual Life Ins.		X											X						X										
	First Union Corp.						X							X										X						
	First Union (CD)				X									X									X							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Harry A. Johnston, II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
First Union Preferred				X										X								X							
Flagler Bank Corp.				X										X							X								
Flagler National (CD)				X										X							X								
Flagler National Checking Acct.					X									X									X						
Flagler National Special Acct.				X										X						X									
FPL Group, Inc.					X							X											X						
General Electric					X							X									X								
General Motors				X								X									X								
GM Hughes Electronics				X								X									X								
Hallwood Energy Part.			X									X									X								
Hutton Advantage Prop. II				X										X							X								
Imreg, Inc.				X								X								X									
Jacksonville Electric Authority				X										X							X								
Mass. State Housing Auth.					X									X								X							
McKesson					X							X									X								

2012

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Harry A. Johnston, II

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S DC JT		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
		Nuevo Energy Co.			X									X							X								
		Nuveen Fla. Quality				X								X								X							
		Nynex Corp.			X								X								X								
		Orlando Utilities Comm.			X									X							X								
		Palm Beach Cty. Credit Union			X									X							X								
		Pacific Telesis Group			X								X								X								
		J. C. Penney			X								X								X								
		Prudential Bache IRA			X								X								X								
		Prudential Bache Special Acct.			X								X								X								
	S	Prudential Bache Quantum Acct. (See Exhibit 1)																											
		Prudential Bache Quantum Acct. (See Exhibit 2)																											
		Prudential Money Market				X							X									X							
	S	Ramapo Financial Corp.			X								X								X								
		Real Equity Partner			X									X							X								
		Reebok				X							X								X								

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Harry A. Johnston, II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Silver Screen Partners II			X											X							X								
Silver Screen Partners III				X										X							X								
Southwestern Bell Corp.				X								X									X								
Transamerica, Inc. Shares			X									X									X								
U.S. West				X								X									X								
Van Kampen Merritt Fla. Quality Municipal Trust						X						X										X							
Viacom, Inc.				X										X							X								
Waste Management				X										X							X								
Wheelabrator Tech.				X										X							X								
W.P. Congressional Federal Credit Union Checking Acct.				X										X							X								
Jones, Foster, Johnston & Stubbs - Profit Sharing							X											None	X										
5.3 acres Loxahatchee River Rd. Jupiter, FL, Gov. Lot 4,26-40-42 (Improved with citrus grove)								X										None	X										
Taliaferro Cty., Ga., vacant land, 1000 acres, 1/3 ownership						X												None	X										

2014

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Harry A. Johnston, II

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
Vacant lots, 1/2 ownership: Lot 5, Block 1, Greenview Shores I of Wellington & Sec. 30, Twp. 42S, RIE (AG-52) of Royal Palm Beach, FL			X													None	X									
13.5 acres in Henry Cty., Ga., 1/2 interest							X									None	X									
0.9 int. in Flagler Bank Partnership II			X													None	X									

2015

Reporting Individual's Name: Harry A. Johnston, II

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 +
	Example: ABC Corporation Common Stock	X			10-12-90		X					
S	Blackstone N.A. Govt. Income Trust, Inc.	X			12/27/91		X					
	Browning Ferris Ind.		X		8/20/91		X					
	Browning Ferris Ind., Inc.	X			10/11/91		X					
	Centocor, Inc.	X			3/26/91	X						
	Centocor, Inc.		X		9/23/91	X						
	FPL Group, Inc.	X			4/15/91		X					
	FPL Group, Inc.	X			12/19/91		X					
	First Union Corp.		X		8/20/91		X					
	Forest Labs, Inc.		X		8/20/91		X					
	Genentech, Inc. Redeem		X		3/26/91	X						
	Knight Ridder, Inc.		X		8/20/91		X					
	Nuveen Fla. Quality, Inc. Municipal Fund	X			10/24/91		X					
	RJR Nabisco		X		3/4/91		X					
	Reebok International Ltd.		X		8/20/91		X					
	Reebok International Ltd.	X			10/30/91	X						
	Southeast Banking Corp.	X			2/1/91	X						
	Southeast Banking Corp.	X			6/5/91	X						

2016

Reporting Individual's Name
Harry A. Johnston, II

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Southeast Banking Corp.		X		8/20/91	X						
	Southeast Banking Corp.		X		8/20/91	X						
	Southeast Banking Corp.		X		9/19/91	X						
	Vanguard Group	X			12/9/91		X					
	Van Kampen Merritt Fla. Quality Municipal Trust	X			10/8/91			X				
	Viacom, Inc.	X			10/30/91	X						
S	Prudential Bache Quantum Account (See Exhibit 1)											
	Prudential Bache Quantum Account (See Exhibit 2)											

2017

Reporting Individual's Name

Harry A. Johnston, II

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

2018

Reporting Individual's Name
Harry A. Johnston, II

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Columbia Institute		1.5-1/11/91	Roundtrip Air from Wash., D.C. to Moscow, 7 days, food & Lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Harry A. Johnston, II

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Board of Directors	Pine Jog
Trustee	Chastain Foundation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Harry A. Johnston II	May 28, 1992

(GPO 1991 50-247 (R))

2020

Securities Account

Prudential Securities Incorporated a subsidiary of The Prudential Insurance Company of America Newark New Jersey

For the Period: Jan 1 - Dec 31, 1991

Account Number: 034-855978-03

Important Tax Information This is being furnished to the Internal Revenue Service If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported

Prudential Securities Inc Federal ID Number 22-2347336

Your Financial Advisor:
ARTHUR FRITZ
VICE PRESIDENT
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-655-7170

Your Federal ID Number: 137-28-0821

MARY O JOHNSTON
QUANTUM
132 MIRAMAR WAY
WEST PALM BEACH FL 33405-4770

1099 DIV — Dividends and Distributions

OMB NO 1545-0110

1a Gross dividends and other distributions on stock (Total of 1b, 1c, 1d, and 1e)	1,373.27	2 Federal income tax withheld	0.00
1b Ordinary dividends	1,373.27	3 Foreign tax paid	7.38
1c Capital gain distributions	0.00	4 Foreign country or U.S. possession	various
1d Nontaxable distributions	0.00	5 Liquidation distributions - cash	0.00
1e Investment expenses	0.00	6 Liquidation distributions - non cash (Fair Market Value)	0.00

1099-INT — Interest Income

OMB NO 1545-0112

1 Interest Income not included in box 3	203.12	4 Federal income tax withheld	0.00
2 Early withdrawal penalty	0.00	5 Foreign tax paid	0.00
3 Interest on U.S. Savings Bonds and Treasury Obligations	0.00	6 Foreign country or U.S. possession	

1099-B — Proceeds From Broker and Barter Exchange Transactions

OMB NO 1545-0715

1a Date of Sale	various	5 Description	various
1b CUSIP Number	various	6 Profit or (loss) realized in 1991	0.00
2 Stocks, bonds, etc. Reported to IRS gross proceeds less commissions	140,740.63	7 Unrealized profit or (loss) on open contracts—12/31/90	0.00
3 Bartering	0.00	8 Unrealized profit or (loss) on open contracts—12/31/91	0.00
4 Federal income tax withheld	0.00	9 Aggregate profit or (loss)	0.00

Substitute IRS 1099 forms above dotted line.

Dividends Received on Securities

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
1	ACME CLEVELAND CORPORATION	10.00	INCOME		1099-DIV
3	BOEING COMPANY	300.00	INCOME		1099-DIV
9	CAT NTL MONEY FD	40.42	INCOME		1099-DIV
0	CAT NTL MONEY FD	12.45	INCOME	REPORTED 1991, PAYABLE 1992	1099-DIV
4	FIRST AMER BANK CORPORATION	288.00	INCOME		1099-DIV
2	FIRST WACHOVIA CORP	46.00	INCOME		1099-DIV
2	FLEMING COMPANIES INCORPORATED	84.00	INCOME		1099-DIV

2021

EXHIBIT 1

Dividends Received on Securities
CONTINUED

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS		REPORTED ON
3	MARMISCHFEGER INDUSTRIES INCORPORATED	90.00	INCOME			1099-DIV
1	PHILADELPHIA ELECTRIC COMPANY	30.00	INCOME			1099-DIV
1	SALOMON INCORPORATED	32.00	INCOME			1099-DIV
3	SCITEX CORP LTD	45.00	INCOME	INCLUDES FOREIGN TAX OF	67.38	1099-DIV
3	THIOKOL CORPORATION DELAWARE	45.90	INCOME			1099-DIV
4	UNUM CORPORATION	99.50	INCOME			1099-DIV
4	UNION CARBIDE CORPORATION	250.00	INCOME			1099-DIV
	TOTAL INCOME - DIVIDENDS	$1,373.27				

Other Interest

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
5	MANAGED ASSET DEPOSITORY ACCOUNT	203.12	INCOME		1099-INT
	TOTAL INCOME - OTHER INTEREST	$203.12			

Trading Activity

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
ACME CLEVELAND CORP	100	01/02/91	01/09/91	487.50		BOUGHT		
ACME CLEVELAND CORP CUSIP: 004626107	100	04/02/91	04/09/91		650.00	SOLD		1099-B
BEAR STEARNS COMPANIES INCORPORATED	500	11/21/91	11/29/91	7,500.00		BOUGHT		
BEAR STEARNS COMPANIES INCORPORATED CUSIP: 073902108	500	12/16/91	12/23/91		7,500.00	SOLD		1099-B
BOEING CO	400	02/11/91	02/19/91	20,650.00		BOUGHT		
BOEING COMPANY CUSIP: 097023105	300	11/20/91	11/27/91		13,650.00	SOLD		1099-B
BOEING COMPANY CUSIP: 097023105	100	12/16/91	12/23/91		4,312.50	SOLD		1099-B
CONNER PERIPHERALS	250	01/17/91	01/25/91	6,843.75		BOUGHT		
CONNER PERIPHERALS INCORPORATED CUSIP: 208108100	250	12/16/91	12/23/91		3,625.00	SOLD		1099-B
DRESS BARN INC	600	03/05/91	03/12/91	5,550.00		BOUGHT		
DRESS BARN INC CUSIP: 261570105	600	05/09/91	05/16/91		6,975.00	SOLD		1099-B

Trading Activity Symbol	DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
	EXAR CORPORATION	250	10/17/91	10/24/91	4,875.00		BOUGHT		
	EXAR CORPORATION CUSIP: 300645108	250	12/16/91	12/23/91		3,937.50	SOLD		1099-B
	FIRST AMER BK CORP CUSIP: 318906104	100	01/18/91	01/28/91		2,000.00	SOLD		1099-B
	FIRST AMER BANK CORPORATION CUSIP: 318906104	150	12/16/91	12/23/91		4,293.75	SOLD		1099-B
	FIRST WACHOVIA CORP CUSIP: 337488100	50	05/09/91	05/16/91		2,606.25	SOLD		1099-B
	FLEMING COMPANIES	150	05/09/91	05/16/91	5,868.75		BOUGHT		
	FLEMING COMPANIES INCORPORATED CUSIP: 339130106	150	10/17/91	10/24/91		5,381.25	SOLD		1099-B
	FRUIT OF THE LOOM A	100	01/17/91	01/25/91	900.00		BOUGHT		
	FRUIT OF THE LOOM A CUSIP: 359416104	200	04/15/91	04/22/91		3,150.00	SOLD		1099-B
	HARNISCHFEGER IND INC	100	01/11/91	01/18/91	1,712.50		BOUGHT		
	HARNISCHFEGER IND INC	200	05/05/91	05/12/91	3,650.00		BOUGHT		
	HARNISCHFEGER INDUSTRIES INCORPORATED CUSIP: 413345109	200	11/20/91	11/27/91		3,600.00	SOLD		1099-B
	HARNISCHFEGER INDUSTRIES INCORPORATED CUSIP: 413345109	100	12/16/91	12/23/91		1,812.50	SOLD		1099-B
	INTEL CORP	100	01/17/91	01/25/91	4,450.00		BOUGHT		
	INTEL CORP CUSIP: 458140100	100	02/06/91	02/13/91		4,975.00	SOLD		1099-B
	INTEL CORP CUSIP: 458140100	100	02/15/91	02/25/91		4,800.00	SOLD		1099-B
	MERRILL LYNCH AND COMPANY	200	11/21/91	11/29/91	10,375.00		BOUGHT		
	MERRILL LYNCH AND COMPANY CUSIP: 590188108	200	12/16/91	12/23/91		10,275.00	SOLD		1099-B
	NEILCOR INCORPORATED	150	09/12/91	09/19/91	2,831.25		BOUGHT		
	NEILCOR INCORPORATED CUSIP: 640275105	150	11/07/91	11/14/91		4,275.00	SOLD		1099-B
	PHILA ELECTR CUSIP: 712653104	100	02/15/91	02/25/91		1,950.00	SOLD		1099-B
	QMS INC	150	01/17/91	01/25/91	2,650.00		BOUGHT		
	QMS INC	300	03/05/91	03/12/91	5,662.50		BOUGHT		

2023

MARY O JOHNSTON Jan 1 - Dec 31, 1991 Account Number: 034 855978-03 Page 4 of 4

Trading Activity — Detail

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
WMS INCORPORATED CUSIP: 747266102	500	12/16/91	12/23/91		5,687.50	SOLD		1099-B
SALOMON INC	100	01/17/91	01/25/91	2,412.50		BOUGHT		
SALOMON INC CUSIP: 795498107	200	02/07/91	02/14/91		5,200.00	SOLD		1099-B
SCITEX LTD	75	04/02/91	04/09/91	2,231.25		BOUGHT		
SCITEX LTD	100	04/15/91	04/22/91	2,862.50		BOUGHT		
SCITEX LIMITED ORDINARY CUSIP: 809090103	75	09/12/91	09/19/91		2,709.38	SOLD		1099-B
SCITEX CORPORATION LIMITED ORDINARY CUSIP: 809090103	100	12/16/91	12/23/91		3,400.00	SOLD		1099-B
SHONEYS INCORPORATED	150	11/07/91	11/15/91	2,850.00		BOUGHT		
SHONEYS INCORPORATED CUSIP: 825039100	150	12/10/91	12/17/91		3,112.50	SOLD		1099-B
THIOKOL CORP DEL	180	05/09/91	05/16/91	3,195.00		BOUGHT		
THIOKOL CORPORATION DELAMARE CUSIP: 884105102	180	12/16/91	12/23/91		3,127.50	SOLD		1099-B
UNUM CORP	200	01/17/91	01/25/91	9,200.00		BOUGHT		
UNUM CORP CUSIP: 903192102	375	02/04/91	02/11/91		19,875.00	SOLD		1099-B
UNUM CORPORATION CUSIP: 903192102	25	12/16/91	12/23/91		1,843.75	SOLD		1099-B
UNION CARBIDE CORP	125	01/17/91	01/25/91	2,046.88		BOUGHT		
UNION CARBIDE CORPORATION CUSIP: 905581104	200	11/20/91	11/27/91		3,750.00	SOLD		1099-B
UNION CARBIDE CORPORATION CUSIP: 905581104	50	12/16/91	12/23/91		881.25	SOLD		1099-B
VALID LOGIC SYS INC	500	03/08/91	03/15/91	1,500.00		BOUGHT		
VALID LOGIC SYS INC CUSIP: 919156109	500	04/02/91	04/09/91		1,375.00	SOLD		1099-B

2024

57-539 2024

2025

Securities Account

Prudential Securities Incorporated, a subsidiary of The Prudential Insurance Company of America, Newark, New Jersey

For the Period: Jan 1 - Dec 31, 1991

Account Number: 034-856366-03

Important Tax Information. This is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Prudential-Securities Inc Federal ID Number 22-2347336

Your Financial Advisor:
ARTHUR FRITZ
VICE PRESIDENT
50 COCOWALK RDM
SUITE 200
PALM BEACH, FL 33480-4095
407 655 7170

Your Federal ID Number: 262-38-4871

HARRY A JOHNSTON II
QUANTUM ACCOUNT
P O BOX E
W PALM BEACH FL 33402-3475

1099-DIV Dividends and Distributions

OMB NO 1545-0110

1a Gross dividends and other distributions on stock (Total of 1b, 1c, 1d, and 1e)	1,391.62	2 Federal income tax withheld	0.00
1b Ordinary dividends	1,391.62	3 Foreign tax paid	[illegible]
1c Capital gain distributions	0.00	4 Foreign country or U.S. possession	Various
1d Nontaxable distributions	0.00	5 Exempt-interest dividends (cash)	0.00
1e Investment expenses	0.00	6 Exempt-interest dividends (non-cash) (Fair Market Value)	0.00

1099-INT Interest Income

OMB NO 1545-0112

1 Interest income not included in box 3	294.15	4 Federal income tax withheld	0.00
2 Early withdrawal penalty	0.00	5 Foreign tax paid	0.00
3 Interest on U.S. savings bonds and Treasury obligations	0.00	6 Tax-exempt interest on U.S. possessions	

1099-B Proceeds From Broker and Barter Exchange Transactions

OMB NO 1545-0715

1a Date of sale or exchange	Various	5 Description	Various
1b Cusip Number	Various	6 Profit or (loss) realized on closed contracts	0.00
2 Stocks, bonds, etc. reported to IRS: gross proceeds less commissions	291,615.75	7 Unrealized profit or (loss) on open contracts — 12/31/90	0.00
3 Bartering	0.00	8 Unrealized profit or (loss) on open contracts — 12/31/91	0.00
4 Federal income tax withheld	0.00	9 Aggregate profit or (loss)	0.00

Substitute IRS 1099 forms above dotted line.

Dividends received on securities

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
2	BOEING COMPANY	175.00	INCOME		1099-DIV
1	BROOKLYN UNION GAS COMPANY	95.00	INCOME		1099-DIV
5	CAT NTL MONEY FD	191.62	INCOME		1099-DIV
3	FIRST AMER BANK CORPORATION	255.00	INCOME		1099-DIV
1	FLEMING COMPANIES INCORPORATED	56.00	INCOME		1099-DIV
2	HARNISCHFEGER INDUSTRIES INCORPORATED	80.00	INCOME		1099-DIV
1	PHILADELPHIA ELECTRIC COMPANY	75.00	INCOME		1099-DIV

EXHIBIT 2

HARRY A JOHNSTON II Jan 1 - Dec 31, 1991 Account Number: 034-855566-03 Page 2 of 4

Dividends Received on Securities Outside

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS		REPORTED ON
1	SALOMON INCORPORATED	96.00	INCOME			1099-DIV
1	SCITEX CORP LTD	45.00	INCOME	INCLUDES FOREIGN TAX OF	$7.37	1099-DIV
1	THIOKOL CORPORATION DELAWARE	18.00	INCOME			1099-DIV
2	USX CORPORATION	105.00	INCOME			1099-DIV
2	UNION CARBIDE CORPORATION	200.00	INCOME			1099-DIV
TOTAL INCOME - DIVIDENDS		$1,391.62				

Other Interest

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
5	MANAGED ASSET DEPOSITORY ACCOUNT	299.15	INCOME		1099-INT
TOTAL INCOME - OTHER INTEREST		$299.15			

Other Income

PAYMENTS	PAYOR	DOLLAR AMOUNT	SHARES	EXPLANATION	COMMENTS	REPORTED ON
1	USX US STEEL GROUP INCORPORATED		30	STOCK DIV		

Trading Activity

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
BOEING CO	50	01/17/91	01/25/91	2,418.75		BOUGHT		
BOEING CO	500	02/11/91	02/19/91	25,812.50		BOUGHT		
BOEING CO CUSIP: 097023105	600	07/12/91	07/19/91		27,150.00	SOLD		1099-B
BROOKLYN UNION GAS	200	03/08/91	03/15/91	5,725.00		BOUGHT		
BROOKLYN UNION GAS CUSIP: 114259104	200	05/09/91	05/16/91		5,750.00	SOLD		1099-B
CONNER PERIPHERALS	500	01/17/91	01/25/91	13,687.50		BOUGHT		
CONNER PERIPHERALS CUSIP: 208108100	500	07/12/91	07/19/91		9,375.00	SOLD		1099-B
CONTI BANK CORP	400	06/05/91	06/12/91	5,450.00		BOUGHT		
CONTI BANK CORP CUSIP: 211115105	400	07/12/91	07/19/91		4,900.00	SOLD		1099-B
DRESS BARN INC	300	03/05/91	03/12/91	2,700.00		BOUGHT		
DRESS BARN INC	400	03/05/91	03/12/91	3,650.00		BOUGHT		

57-539 2026

2026

Consolidated Statement 1991 Prudential Securities

Securities Account

Prudential Securities Incorporated, a subsidiary of The Prudential Insurance Company of America, Newark, New Jersey

HARRY A JOHNSTON II Jan 1 - Dec 31, 1991 Account Number: 034-855366-03 Page 3 of 4

Trading Activity (continued)

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
DRESS BARN INC CUSIP: 261570105	700	05/09/91	05/16/91		8,137.50	SOLD		1099-B
FIRST AMER BK CORP CUSIP: 318906104	50	01/18/91	01/28/91		993.75	SOLD		1099-B
FIRST AMER BK CORP CUSIP: 318906104	50	03/19/91	03/26/91		1,175.00	SOLD		1099-B
FIRST AMER BK CORP CUSIP: 318906104	150	07/12/91	07/19/91		4,125.00	SOLD		1099-B
FLEMING COMPANIES	200	05/09/91	05/16/91	7,800.00		BOUGHT		
FLEMING COMPANIES CUSIP: 339130106	200	07/12/91	07/19/91		7,825.00	SOLD		1099-B
FRUIT OF THE LOOM A	250	01/17/91	01/25/91	2,250.00		BOUGHT		
FRUIT OF THE LOOM A CUSIP: 359419104	500	04/15/91	04/22/91		7,875.00	SOLD		1099-B
HARNISCHFEGR IND INC	100	01/11/91	01/18/91	1,700.00		BOUGHT		
HARNISCHFEGR IND INC	300	03/05/91	03/12/91	5,775.00		BOUGHT		
HARNISCHFEGR IND INC CUSIP: 413345109	400	07/12/91	07/19/91		8,400.00	SOLD		1099-B
INTEL CORP	350	01/17/91	01/25/91	15,575.00		BOUGHT		
INTEL CORP CUSIP: 458140100	350	02/06/91	02/13/91		17,412.50	SOLD		1099-B
INTEL CORP CUSIP: 458140100	350	02/15/91	02/25/91		16,800.00	SOLD		1099-B
PHILA ELEC CO CUSIP: 717537104	250	02/15/91	02/25/91		4,875.00	SOLD		1099-B
QMS INC	250	01/17/91	01/25/91	4,250.00		BOUGHT		
QMS INC	250	03/05/91	03/12/91	4,718.75		BOUGHT		
QMS INC CUSIP: 747266102	750	07/12/91	07/19/91		14,250.00	SOLD		1099-B
SALOMON INC	300	01/17/91	01/25/91	7,237.50		BOUGHT		
SALOMON INC CUSIP: 795498107	100	01/18/91	01/28/91		2,475.00	SOLD		1099-B
SALOMON INC CUSIP: 795498107	500	02/07/91	02/14/91		13,000.00	SOLD		1099-B
SCITEX LTD	100	04/02/91	04/09/91	2,975.00		BOUGHT		
SCITEX LTD	100	04/08/91	04/15/91	2,850.00		BOUGHT		
SCITEX LTD	250	04/15/91	04/22/91	7,156.25		BOUGHT		

Consolidated Statement 1991 Prudential Securities

Securities Account

Prudential Securities Incorporated, a subsidiary of The Prudential Insurance Company of America, Newark, New Jersey

HARRY A JOHNSTON II Jan 1 - Dec 31, 1991 Account Number: 034-855366-03 Page 4 of 4

Trading Activity

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
SCITEX LTD CUSIP: 809090103	450	07/12/91	07/19/91		14,625.00	SOLD		1099-B
THIOKOL CORP DEL	240	05/09/91	05/16/91	4,260.00		BOUGHT		
THIOKOL CORP DEL CUSIP: 884103102	240	07/12/91	07/19/91		4,050.00	SOLD		1099-B
USX MARATHON GROUP CUSIP: 902905827	150	06/04/91	06/11/91		3,881.25	SOLD		1099-B
USX US STEEL GRP INC CUSIP: 90337T101	30	06/04/91	06/11/91		738.75	SOLD		1099-B
UNION CARBIDE CORP	200	01/17/91	01/25/91	3,275.00		BOUGHT		
UNION CARBIDE CORP CUSIP: 905581104	400	07/12/91	07/19/91		8,300.00	SOLD		1099-B
VALID LOGIC SYS INC	2,000	03/08/91	03/15/91	6,000.00		BOUGHT		
VALID LOGIC SYS INC CUSIP: 919156109	2,000	04/02/91	04/09/91		5,500.00	SOLD		1099-B

HARRY JOHNSTON
14TH DISTRICT, FLORIDA

COMMITTEE ON FOREIGN AFFAIRS

COMMITTEE ON INTERIOR AND INSULAR AFFAIRS

CHIEF OF STAFF
SUZANNE STOLL
DISTRICT ADMINISTRATOR
DIANE BIRNBAUM

92 JUN 12 PM 1:

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515-0914

June 12, 1992

22

MC

The Honorable Louis Stokes
U.S. House of Representatives
Committee on Standards of Official Conduct
HT2 The Capitol
Washington, D.C. 20515

Dear Mr. Chairman:

This responds to your letter of June 4th, 1992 for additional information needed on my Financial Disclosure Statement for calendar year 1991.

1. The Greyhound Corporation is now the Dial Corporation. The Fitzgerald Mortgage and Note is a loan to my daughter, which according to the instruction manual does not have to be reported. City of Jacksonville Utility, Duval County Housing, and Hillsborough County School District are government bonds that have matured and been redeemed. 1700 Embassy Drive, West Palm Beach, Florida, (Townhouse) was sold in June of 1991. (See Part IV Transaction.)

2. The Prudential Bache IRA account records will be forwarded as soon as I receive the information from my broker.

3. The Prudential Bache Quantum Accounts were liquidated in total as indicated in Exhibits 1 and 2.

4. American Exploration Company was distributed by reason of ownership in Hallwood Energy Partnership. Dallas Semiconductor was listed under Exhibit 3 of last year's statement with a value of $1,225.00. In the previous year, EDS was listed in error under General Motors as was GM Hughes Electronics. Under First Union Preferred, this was listed in Exhibit 3 of last year's statement with a value of $25,004.00. Flagler Bank Corp. was listed under Exhibit 3 of last year's statement with a value of $12,000.00. Imreg, Inc. was also listed under Exhibit 3 of last year's statement with a value of $750.00. Massachusetts State Housing Authority was listed under Exhibit 3 with a value of $40,967.72.

WASHINGTON OFFICE
[illegible]
WASHINGTON, DC [illegible]
[illegible]

HOME OFFICE
[illegible]
PALM BEACH, FL [illegible]
[illegible]

The Honorable Louis Stokes
Page 2
June 12, 1992

5. The Vanguard Group has now been listed under Assets on the attached Amended Financial Disclosure Statement.

If there is any additional information you need, please do not hesitate to contact me.

Sincerely,

HARRY JOHNSTON, M.C.

HJ:dm

Enclosure

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Harry A. Johnston, II
Full Name

1028 Longworth House Office Building
Mailing Address

202-225-3001
Telephone

Washington, D.C. 20515

Filer Status	X	Member of the U.S. House of Representatives	State Florida District 14	Officer or Employee	Employing Office
Report Type		Annual (May 15)	X Amendment	Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page.

Reporting Individual's Name

Harry A. Johnston, II

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual; or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income (aggregating) more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, report only year-end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D Transaction (X)
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X). Attach explanation.	Dividends	Rent	Interest*	Capital Gains	Excepted Trust*	Qualified Blind Trust	Other Income (Specify type)	None	I Less than $201*	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S DC JT	Examples	S ABC Corporation Stock			X								X									X							X
		George Washington Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X									X						
		American Exploration Co.		X									X									X							
		Ameritech			X								X									X							
		AT&T			X								X									X							
		Bell Atlantic											X									X							
		Bell Canada			X								X									X							
		Blackstone Bell American Income Trust					X															X							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Harry A. Johnston, II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	DIVIDEND SAVE	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Browning Ferris				X								X									X								
Carlyle RE Ltd. Part. -I				X								X									X								
Centocor												X									X								
City of Jacksonville - Airport				X										X							X								
Dallas Semiconductor				X								X									X								
Dial Corp. (formerly Greyhound)					X							X									X								
EDS			X									X								X									
Exxon Corp.					X							X										X							
Fidelity Federal (CD)	S			X										X								X							
Fidelity Federal (CD)	S				X									X								X							
Fidelity Federal (CD)	S			X										X								X							
Fidelity Fed. Sav Loan Assn.					X									X								X							
Fidelity Mutual Life Ins.			X											X						X									
First Union Corp.														X									X						
First Union CD														X								X							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Harry A. Johnston, II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S DC JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I over $1,000,000		DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X over $1,000,000	
First Union Preferred				X										X							X							
Flagler Bank Corp.			X											X						X								
Flagler National CD			X											X						X								
Flagler National Checking Acct.				X										X								X						
Flagler National Special Acct.				X										X				X										
FPL Group, Inc.				X								X										X						
General Electric				X								X								X								
General Motors				X								X								X								
JM Bulkes Electronics				X								X								X								
Hollywood Fiesta Part.		X										X								X								
Dutton Advantage Ptp. II														X						X								
Intel, Inc.												X						X										
Jacksonville Electric Authority														X						X								
Mass. State Housing Auth.																					X							
Unknown												X								X								

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Harry A. Johnston, II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income										BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S) your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S DC JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Nuevo Imera, C.			X										X							X									
Newton Fin. Qualit				X									X								X								
Nynex Corp.			X									X								X									
Orlando Utilities Comm.			X										X							X									
Palm Beach Cty. Credit Union			X										X							X									
Pacific Telesis Group			X									X								X									
J. C. Penney			X									X								X									
Prudential Bache IPA			X									X								X									
Prudential Bache Special Acct.			X									X								X									
S Prudential Bache Quantum Acct.	(See Exhibit 1)																												
Prudential Bache Quantum Acct.	(See Exhibit 2)																												
Prudential Money Market												X										X							
Prudential Fin. Corp.			X									X								X									
Real Estate, Inc.			X										X							X									
[illegible]												X								X									

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Harry A. Johnston, II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S) your dependent child's (DC) or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Silver Screen Partners II			X											X							X								
Silver Screen Partners III				X										X							X								
Southwestern Bell Corp.				X								X									X								
Transamerica, Inc. Shares			X									X									X								
U.S. West				X								X									X								
Van Kampen Merritt Fla. Quality Municipal Trust						X						X										X							
Viacom, Inc.				X										X							X								
Waste Management				X										X							X								
Wheelabrator Tech.				X										X							X								
W.P. Congressional Federal Credit Union Checking Acct.				X										X							X								
Jones, Foster, Johnston & Stubbs - Profit Sharing							X											None	X										
2.3 acres Loxahatchee River Rd. Jupiter, FL, Gov. Lot 4, 36-40-43 (Improved with citrus grove)								X										None	X										
Palmetto City, FL, vacant land, 1000 acres, 1/2 ownership						X												None	X										

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Harry A. Johnston, II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income														BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Vacant lots, 1/2 ownership: Lot 5, Block 1, Greenview				X														None	X										
Shores I of Wellington & Sec. 30, Twp. 43S, PB, (35-52) of Royal Palm Beach, FL																													
13.5 acres in Henry Cty., Ga., 1/2 interest							X											None	X										
0.9 int. in Flagler Bank Partnership II				X														None	X										
Vanguard Group				X								X										X							

Harry A. Johnston, II

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: APC Corporation Common Stock	X			10-12-90			X				
S	Blackstone N.A. Govt. Income Trust, Inc.	X			12/27/91			X				
	Browning Ferris Ind.		X		8/20/91		X					
	Browning Ferris Ind., Inc.	X			10/11/91		X					
	Centocor, Inc.	X			3/26/91	X						
	Centocor, Inc.		X		9/23/91	X						
	FPL Group, Inc.	X			4/15/91		X					
	FPL Group, Inc.	X			12/19/91		X					
	First Union Corp.		X		8/20/91		X					
	Forest Labs, Inc.		X		8/20/91		X					
	Genentech, Inc. Redeem		X		3/26/91	X						
	Knight Ridder, Inc.		X		8/20/91		X					
	Nuveen Fla. Quality, Inc. Municipal Fund	X			10/24/91		X					
	RJR Nabisco		X		3/4/91		X					
	Reebok International Ltd.		X		8/20/91		X					
	Reebok International Ltd.	X			10/30/91	X						
	Southeast Banking Corp.	X			2/1/91	X						
	Southeast Banking Corp.	X			6/4/91	X						

Harry A. Johnston, II

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Southeast Banking Corp.		X		8/20/91	X						
	Southeast Banking Corp.		X		8/20/91	X						
	Southeast Banking Corp.		X		9/19/91	X						
	Vanguard Group	X			12/9/91		X					
	Van Kampen Merritt Fla. Quality Municipal Trust	X			10/8/91			X				
	Viacom, Inc.	X			10/30/91	X						
S	Prudential Bache Quantum Account (See Exhibit 1)											
	Prudential Bache Quantum Account (See Exhibit 2)											
	1700 Embassy Dr., West Palm Beach, FL (Townhouse)		X		6/91			X				

Reporting Individual's Name

Harry A. Johnston, II

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Harry A. Johnston, II

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Columbia Institute		1.5-1.11.91	Roundtrip Air from Wash., D.C. to Moscow, 7 days, food & Lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

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Reporting Individual's Name
Harry A. Johnston, II

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Board of Directors	Pine Jog
Trustee	Chastain Foundation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	June 12, 1992

GPO: 1991: 50-20 (P)

Securities Account

Prudential Securities Incorporated, a subsidiary of The Prudential Insurance Company of America, Newark, New Jersey

For the Period: Jan 1 Dec 31, 1991

Account Number: 034-855978-03

Important Tax Information This is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Prudential Securities Inc Federal ID Number 22-2347336

Your Financial Advisor:
ARTHUR FRITZ
VICE PRESIDENT
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-655-7170

Your Federal ID Number: 137-28-0821

MARY O JOHNSTON
QUANTUM
132 MIRAMAR WAY
WEST PALM BEACH FL 33405-4770

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1099-DIV Dividends and Distributions

OMB No 1545-0110

1a Gross dividends and other distributions on stock (Total of 1b, 1c, 1d, and 1e)	1,373.27	2 Federal income tax withheld	0.00
1b Ordinary dividends	1,373.27	3 Foreign tax paid	7.38
1c Capital Gain distributions	0.00	4 Foreign country or U.S. possession	various
1d Nontaxable distributions	0.00	5 Liquidation distributions - cash	0.00
1e Investment expenses	0.00	6 Liquidation distributions - noncash (Fair Market Value)	0.00

1099-INT Interest Income

OMB No 1545-0112

1 Interest income not included in box 3		4 Federal income tax withheld	0.00
2 Early withdrawal penalty	0.00	5 Foreign tax paid	0.00
3 Interest on U.S. Savings Bonds and Treasury obligations	0.00	6 Foreign country or U.S. possession	

1099-B Proceeds From Broker and Barter Exchange Transactions

OMB No 1545-0715

1a Date of sale	various	5 Stock or other property	various
1b Trade date	various	6 Federal income tax withheld (Total)	0.00
2 Stocks, bonds, etc. reported to IRS: gross proceeds less commissions	5,487,740.45	7 Unrealized profit or (loss) on open contracts - 12/31/90	0.00
3 Bartering	0.00	8 Unrealized profit or (loss) on open contracts - 12/31/91	0.00
4 Federal income tax withheld	0.00	9 Aggregate profit or (loss)	0.00

Substitute IRS 1099 forms above dotted line.

Dividends received on securities

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
1	ACME CLEVELAND CORPORATION	10.00	INCOME		1099-DIV
3	BOEING COMPANY	300.00	INCOME		1099-DIV
9	CAT NTL MONEY FD	40.42	INCOME		1099-DIV
0	CAT NTL MONEY FD	12.45	INCOME	REPORTED 1991, PAYABLE 1992	1099-DIV
4	FIRST AMER BANK CORPORATION	288.00	INCOME		1099-DIV
2	FIRST WACHOVIA CORP	46.00	INCOME		1099-DIV
2	FLEMING COMPANIES INCORPORATED	84.00	INCOME		1099-DIV

EXHIBIT 1

Dividends Received on Securities CONTINUED

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS		REPORTED ON
5	HARNISCHFEGER INDUSTRIES INCORPORATED	90.00	INCOME			1099-DIV
1	PHILADELPHIA ELECTRIC COMPANY	30.00	INCOME			1099-DIV
1	SALOMON INCORPORATED	32.00	INCOME			1099-DIV
3	SCITEX CORP LTD	45.00	INCOME	INCLUDES FOREIGN TAX OF	$7.38	1099-DIV
3	THIOKOL CORPORATION DELAWARE	45.90	INCOME			1099-DIV
4	UNUM CORPORATION	99.50	INCOME			1099-DIV
4	UNION CARBIDE CORPORATION	250.00	INCOME			1099-DIV
	TOTAL INCOME - DIVIDENDS	$1,573.27				

Other Interest

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
5	MANAGED ASSET DEPOSITORY ACCOUNT	203.12	INCOME		1099-INT
	TOTAL INCOME - OTHER INTEREST	$203.12			

Trading Activity

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
ACME CLEVELAND CORP	100	01/02/91	01/09/91	487.50		BOUGHT		
ACME CLEVELAND CORP CUSIP: 004626107	100	04/02/91	04/09/91		650.00	SOLD		1099-B
BEAR STEARNS COMPANIES INCORPORATED	500	11/21/91	11/29/91	7,500.00		BOUGHT		
BEAR STEARNS COMPANIES INCORPORATED CUSIP: 073902108	500	12/16/91	12/23/91		7,500.00	SOLD		1099-B
BOEING CO	400	02/11/91	02/19/91	20,650.00		BOUGHT		
BOEING COMPANY CUSIP: 097023105	100	11/20/91	11/27/91		13,650.00	SOLD		1099-B
BOEING COMPANY CUSIP: 097023105	100	12/16/91	12/23/91		4,317.50	SOLD		1099-B
CONNER PERIPHERALS	250	01/17/91	01/25/91	6,843.75		BOUGHT		
CONNER PERIPHERALS INCORPORATED CUSIP: 208108100	250	12/16/91	12/23/91		3,625.00	SOLD		1099-B
DRESS BARN INC	600	03/05/91	03/12/91	5,550.00		BOUGHT		
DRESS BARN INC CUSIP: 261570105	600	05/09/91	05/16/91		6,975.00	SOLD		1099-B

Securities Account

Prudential Securities Incorporated, a subsidiary of The Prudential Insurance Company of America, Newark, New Jersey

MARY O JOHNSTON

Jan 1 - Dec 31, 1991 Account Number: 034-865978-03

Trading Activity

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
EXAR CORPORATION	250	10/17/91	10/24/91	4,875.00		BOUGHT		
EXAR CORPORATION CUSIP: 300645108	250	12/16/91	12/23/91		3,937.50	SOLD		1099-B
FIRST AMER BK CORP CUSIP: 318906104	100	01/18/91	01/28/91		2,000.00	SOLD		1099-B
FIRST AMER BANK CORPORATION CUSIP: 318906104	150	12/16/91	12/23/91		4,293.75	SOLD		1099-B
FIRST WACHOVIA CORP CUSIP: 337468100	50	05/09/91	05/16/91		2,606.25	SOLD		1099-B
FLEMING COMPANIES	150	05/09/91	05/16/91	5,868.75		BOUGHT		
FLEMING COMPANIES INCORPORATED CUSIP: 339130106	150	10/17/91	10/24/91		5,381.25	SOLD		1099-B
FRUIT OF THE LOOM A	100	01/17/91	01/25/91	900.00		BOUGHT		
FRUIT OF THE LOOM A CUSIP: 359416104	200	04/15/91	04/22/91		3,150.00	SOLD		1099-B
HARNISCHFEGR IND INC	100	01/11/91	01/18/91	1,712.50		BOUGHT		
HARNISCHFEGR IND INC	200	03/06/91	03/12/91	3,650.00		BOUGHT		
HARNISCHFEGER INDUSTRIES INCORPORATED CUSIP: 413345109	200	11/20/91	11/27/91		3,600.00	SOLD		1099-B
HARNISCHFEGER INDUSTRIES INCORPORATED CUSIP: 413345109	100	12/16/91	12/23/91		1,812.50	SOLD		1099-B
INTEL CORP	100	01/17/91	01/25/91	4,450.00		BOUGHT		
INTEL CORP CUSIP: 458140100	100	02/06/91	02/13/91		4,975.00	SOLD		1099-B
INTEL CORP CUSIP: 458140100	100	02/15/91	02/25/91		4,800.00	SOLD		1099-B
MERRILL LYNCH AND COMPANY	200	11/21/91	11/29/91	10,375.00		BOUGHT		
MERRILL LYNCH AND COMPANY CUSIP: 590188108	200	12/16/91	12/23/91		10,275.00	SOLD		1099-B
NELLCOR INCORPORATED	150	09/12/91	09/19/91	2,831.25		BOUGHT		
NELLCOR INCORPORATED CUSIP: 640275105	150	11/07/91	11/15/91		4,275.00	SOLD		1099-B
PHILA ELEC CO CUSIP 717537104	100	02/15/91	02/25/91		1,950.00	SOLD		1099-B
QMS INC	150	01/17/91	01/25/91	2,550.00		BOUGHT		
QMS INC	100	03/05/91	03/12/91	5,662.50		BOUGHT		

Securities Account

Prudential Securities Incorporated, a subsidiary of The Prudential Insurance Company of America, Newark, New Jersey

MARY O JOHNSTON Jan 1 Dec 31, 1991 Account Number. 034-855978-03 Page 4 of 4

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
GMS INCORPORATED CUSIP: 77226107	500	12/16/91	12/23/91		5,687.50	SOLD		1099-B
SALOMON INC	100	01/17/91	01/25/91	2,412.50		BOUGHT		
SALOMON INC CUSIP: 79498107	200	02/07/91	02/14/91		5,200.00	SOLD		1099-B
SCITEX LTD	75	04/02/91	04/09/91	2,231.75		BOUGHT		
SCITEX LTD	100	04/15/91	04/22/91	2,862.50		BOUGHT		
SCITEX LIMITED ORDINARY CUSIP: 809090103	75	09/17/91	09/19/91		2,709.38	SOLD		1099-B
SCITEX CORPORATION LIMITED ORDINARY CUSIP: 809090103	100	12/16/91	12/23/91		3,400.00	SOLD		1099-B
SKONEYS INCORPORATED	150	11/07/91	11/15/91	2,850.00		BOUGHT		
SKONEYS INCORPORATED CUSIP: 82507B100	150	12/10/91	12/17/91		3,112.50	SOLD		1099-B
THIOKOL CORP DLL	180	05/09/91	05/16/91	3,195.00		BOUGHT		
THIOKOL CORPORATION DELAWARE CUSIP: 884103102	180	12/16/91	12/23/91		3,127.50	SOLD		1099-B
UNUM CORP	200	01/17/91	01/25/91	9,200.00		BOUGHT		
UNUM CORP CUSIP: 903192102	575	02/04/91	02/11/91		19,875.00	SOLD		1099-B
UNUM CORPORATION CUSIP: 903192102	25	12/16/91	12/23/91		1,843.75	SOLD		1099-B
UNION CARBIDE CORP	125	01/17/91	01/25/91	2,046.88		BOUGHT		
UNION CARBIDE CORPORATION CUSIP: 905581104	200	11/20/91	11/27/91		3,750.00	SOLD		1099-B
UNION CARBIDE CORPORATION CUSIP: 905581104	50	12/16/91	12/23/91		881.25	SOLD		1099-B
VALID LOGIC SYS INC	500	05/08/91	05/15/91	1,500.00		BOUGHT		
VALID LOGIC SYS INC CUSIP 919146109	500	04/02/91	04/09/91		1,375.00	SOLD		1099-B

Securities Account

Prudential Securities Incorporated, a Subsidiary of the Prudential Insurance Company of America, Newark, New Jersey

for the Period: Jan 1 - Dec 31, 1991

Account Number: 034-855366-03

Important Tax Information. This is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Prudential Securities Inc. Federal ID Number 22-2347336

Your Financial Advisor:
ARTHUR FRITZ
VICE PRESIDENT
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-655-7170

Your Federal ID Number: 262-38-4871

HARRY A JOHNSTON II
QUANTUM ACCOUNT
P O BOX E
W PALM BEACH FL 33402-3475

099-DIV Dividends and Distributions

OMB NO 1545-0110

1a Gross dividends and other distributions on stock (Total of 1b, 1c, 1d, and 1e)	1,391.62	2 Federal income tax withheld	0.00
1b Ordinary dividends	1,391.62	3 Foreign tax paid	7.37
1c Capital Gain distributions	0.00	4 Foreign country or U.S. possession	various
1d Nontaxable distributions	0.00	5 Liquidation distributions - Cash	0.00
1e Investment expenses	0.00	6 Liquidation distributions - non-cash (Fair Market Value)	0.00

099-INT Interest Income

OMB NO 1545-0112

1 Interest Income not included in box 3	293.15	4 Federal income tax withheld	0.00
2 Early withdrawal penalty	0.00	5 Foreign tax paid	0.00
3 Interest on U.S. Savings Bonds and Treasury Obligations	0.00	6 Foreign country or U.S. possession	

099-B Proceeds From Broker and Barter Exchange Transactions

OMB NO 1545-0715

1a Date of sale	various	5 Description	various
1b CUSIP Number	various	6 Profit or (loss) realized in 1991	0.00
2 Stocks, bonds, etc. Reported to IRS gross proceeds less commissions	191,613.75	7 Unrealized profit or (loss) on open contracts—12/31/90	0.00
3 Bartering	0.00	8 Unrealized profit or (loss) on open contracts—12/31/91	0.00
4 Federal income tax withheld	0.00	9 Aggregate profit or (loss)	0.00

Substitute IRS 1099 forms above dotted line.

Dividends Received on Securities

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
2	BOEING COMPANY	175.00	INCOME		1099-DIV
1	BROOKLYN UNION GAS COMPANY	95.00	INCOME		1099-DIV
5	CAT NTL MONEY FD	191.62	INCOME		1099-DIV
3	FIRST AMER BANK CORPORATION	255.00	INCOME		1099-DIV
1	FLEMING COMPANIES INCORPORATED	56.00	INCOME		1099-DIV
2	HARNISCHFEGER INDUSTRIES INCORPORATED	80.00	INCOME		1099-DIV
1	PHILADELPHIA ELECTRIC COMPANY	75.00	INCOME		1099-DIV

EXHIBIT 2

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Dividends Received on Securities Owned

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS		REPORTED ON
1	SALOMON INCORPORATED	96.00	INCOME			1099-DIV
1	SCITEX CORP LTD	45.00	INCOME	INCLUDES FOREIGN TAX OF	$7.37	1099-DIV
1	THIOKOL CORPORATION DELAWARE	18.00	INCOME			1099-DIV
2	USX CORPORATION	105.00	INCOME			1099-DIV
2	UNION CARBIDE CORPORATION	200.00	INCOME			1099-DIV
TOTAL INCOME - DIVIDENDS		$1,391.62				

Other Interest

PAYMENTS	PAYOR	DOLLAR AMOUNT	TAX CLASS	COMMENTS	REPORTED ON
5	MANAGED ASSET DEPOSITORY ACCOUNT	299.15	INCOME		1099-INT
TOTAL INCOME - OTHER INTEREST		$299.15			

Other Income

PAYMENTS	PAYOR	DOLLAR AMOUNT	SHARES	EXPLANATION	COMMENTS	REPORTED ON
1	USX US STEEL GROUP INCORPORATED		30	STOCK DIV		

Trading Activity

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
BOEING CO	50	01/17/91	01/25/91	2,418.75		BOUGHT		
BOEING CO	500	02/11/91	02/19/91	25,812.50		BOUGHT		
BOEING CO CUSIP: 097023105	600	07/12/91	07/19/91		27,150.00	SOLD		1099-B
BROOKLYN UNION GAS	200	03/08/91	03/15/91	5,725.00		BOUGHT		
BROOKLYN UNION GAS CUSIP: 114259104	200	05/09/91	05/16/91		5,750.00	SOLD		1099-B
CONNER PERIPHERALS	500	01/17/91	01/25/91	13,687.50		BOUGHT		
CONNER PERIPHERALS CUSIP: 208108100	500	07/12/91	07/19/91		9,375.00	SOLD		1099-B
CONTL BANK CORP	400	06/05/91	06/12/91	5,450.00		BOUGHT		
CONTL BANK CORP CUSIP: 211111105	400	07/12/91	07/19/91		4,900.00	SOLD		1099-B
DRESS BARN INC	300	03/05/91	03/12/91	2,700.00		BOUGHT		
DRESS BARN INC	400	03/05/91	03/12/91	3,650.00		BOUGHT		

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Securities Account

Prudential Securities Incorporated, a subsidiary of
The Prudential Insurance Company of America, Newark, New Jersey

HARRY A JOHNSTON II Jan 1 - Dec 31, 1991 Account Number: 034-855366-03

Trading Activity Continued

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
DRESS BARN INC CUSIP: 261570105	700	05/09/91	05/16/91		8,137.50	SOLD		1099-B
FIRST AMER BK CORP CUSIP: 318906104	50	01/18/91	01/28/91		995.75	SOLD		1099-B
FIRST AMER BK CORP CUSIP: 318906104	50	03/19/91	03/26/91		1,175.00	SOLD		1099-B
FIRST AMER BK CORP CUSIP: 318906104	150	07/12/91	07/19/91		4,125.00	SOLD		1099-B
FLEMING COMPANIES	200	05/09/91	05/16/91	7,800.00		BOUGHT		
FLEMING COMPANIES CUSIP: 339130106	200	07/12/91	07/19/91		7,825.00	SOLD		1099-B
FRUIT OF THE LOOM A	250	01/17/91	01/25/91	2,250.00		BOUGHT		
FRUIT OF THE LOOM A CUSIP: 359416104	500	04/15/91	04/22/91		7,875.00	SOLD		1099-B
HARNISCHFEGR IND INC	100	01/11/91	01/18/91	1,700.00		BOUGHT		
HARNISCHFEGR IND INC	300	03/05/91	03/12/91	5,775.00		BOUGHT		
HARNISCHFEGR IND INC CUSIP: 413345109	400	07/12/91	07/19/91		8,400.00	SOLD		1099-B
INTEL CORP	350	01/17/91	01/25/91	15,575.00		BOUGHT		
INTEL CORP CUSIP: 458140100	350	02/06/91	02/13/91		17,412.50	SOLD		1099-B
INTEL CORP CUSIP: 458140100	350	02/15/91	02/25/91		16,800.00	SOLD		1099-B
PHILA ELEC CO CUSIP: 717557104	250	02/15/91	02/25/91		4,875.00	SOLD		1099-B
QMS INC	250	01/17/91	01/25/91	4,250.00		BOUGHT		
QMS INC	250	03/05/91	03/12/91	4,718.75		BOUGHT		
QMS INC CUSIP: 747266102	750	07/12/91	07/19/91		14,250.00	SOLD		1099-B
SALOMON INC	300	01/17/91	01/25/91	7,237.50		BOUGHT		
SALOMON INC CUSIP: 795498107	100	01/18/91	01/28/91		2,475.00	SOLD		1099-B
SALOMON INC CUSIP: 795498107	500	02/07/91	02/14/91		13,000.00	SOLD		1099-B
SCITEX LTD	100	04/02/91	04/09/91	2,975.00		BOUGHT		
SCITEX LTD	100	04/08/91	04/15/91	2,850.00		BOUGHT		
SCITEX LTD	250	04/15/91	04/22/91	7,156.25		BOUGHT		

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HARRY A JOHNSTON II Jan 1 - Dec 31, 1991 Account Number: 034-855366-03

Trading Activity (CONTINUED)

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST	REPORTED ON
SCITEX LTD CUSIP: 809090103	450	07/12/91	07/19/91		14,625.00	SOLD		1099-B
THIOKOL CORP DEL	240	05/09/91	05/16/91	4,260.00		BOUGHT		
THIOKOL CORP DEL CUSIP: 884105102	240	07/12/91	07/19/91		4,050.00	SOLD		1099-B
USX MARATHON GROUP CUSIP: 902905827	150	06/04/91	06/11/91		3,881.25	SOLD		1099-B
USX US STEEL GRP INC CUSIP: 903377101	30	06/04/91	06/11/91		738.75	SOLD		1099-B
UNION CARBIDE CORP	200	01/17/91	01/25/91	3,275.00		BOUGHT		
UNION CARBIDE CORP CUSIP: 905581104	400	07/12/91	07/19/91		8,300.00	SOLD		1099-B
VALID LOGIC SYS INC	2,000	03/08/91	03/15/91	6,000.00		BOUGHT		
VALID LOGIC SYS INC CUSIP: 919156109	2,000	04/02/91	04/09/91		5,500.00	SOLD		1099-B

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HARRY JOHNSTON
14TH DISTRICT, FLORIDA
COMMITTEE ON FOREIGN AFFAIRS
COMMITTEE ON INTERIOR AND INSULAR AFFAIRS

STAFF DIRECTOR
SUZANNE STOLL
ADMINISTRATOR
DIANE BIRNBAUM

RECEIVED
92 JUL -8 AM 9:33
COMMITTEE ON STANDARDS

Congress of the United States
House of Representatives
Washington, DC 20515-0914

1992 JUL 10 AM 8:40

July 7, 1992

INSIDE MAIL

(3)

The Honorable Louis Stokes
U.S. House of Representatives
Committee on Standards of Official Conduct
HT2 The Capitol
Washington, D.C. 20515

Dear Mr. Chairman:

This further responds to your letter of June 4, 1992 for additional information needed on my Financial Disclosure Statement for calendar year 1991.

Enclosed are three (3) copies of the Prudential Bache IRA accounts as indicated under the Assets and Unearned Income Section of my Financial Disclosure Statement.

If there is anything further you require, please let me know.

Sincerely,

HARRY JOHNSTON, M.C.

HJ:dm

Enclosure

WASHINGTON OFFICE
[illegible]
Washington, D.C. [illegible]
[illegible]

[illegible]
[illegible]
[illegible] 10826
[illegible] 2-4-[illegible]
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Client Statement

Retirement Account

Prudential Securities

Prudential Securities Incorporated, a subsidiary of The Prudential Insurance Company of America, Newark, New Jersey

For the Period: Oct 1 - Dec 31, 1991

Account Number: 034-816565-03

Net Worth

	OPENING	CLOSING
PRICED SECURITIES VALUE	$8,610.00	$9,609.92
MONEY MARKET FUNDS	$4,032.00	$4,102.00
CASH BALANCE	0.45	0.60
DIRECT INVESTMENTS		(see details below)
TOTAL NET WORTH	$12,642.45	$13,712.52

Your Financial Advisor:
ARTHUR FRITZ
VICE PRESIDENT
50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480-4095
407-820-0420

Your Federal ID Number: 262-TB-4871

Income

	THIS PERIOD	YEAR TO DATE
MONEY FUND DIVIDENDS	$54.00	$230.00
DIVIDENDS	$26.11	$118.09
TOTAL INCOME	$80.11	$348.09

PRUDENTIAL SECURITIES C/F
HARRY A JOHNSTON II
IRA DTD 4-17-89
P O DRAWER E
WEST PALM BEACH FL 33402-3475

This statement will serve as the annual report for your retirement plan account. If your account contains assets that are not held at Prudential Securities or a value is not readily available, you will be receiving a separate year-end valuation letter which will include such asset values. You will need this information to calculate mandatory distributions if you are age 70 1/2 or older. Also if you have made a non-deductible IRA contribution in 1991 or have taken an IRA distribution in 1991 and at any time made a non-deductible IRA contribution, the value of your IRA must be reported on Form 8606.

Account Activity

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE/ENTRY	AMOUNT CHARGED	AMOUNT CREDITED
10/28	Dividend	19	PRU MONEYMART DIV REINV 09/26 - 10/27	Money Fund		
11/26	Dividend	16	PRU MONEYMART DIV REINV 10/28 - 11/25	Money Fund		
12/26	Dividend	16	PRU MONEYMART DIV REINV 11/26 - 12/25	Money Fund		
12/30	Dividend	1	AIM WEINGARTEN FUND SPIN OFF FROM UTS GOV EQ TRSR 2 RG TO PAY DISTRIBUTION DATED 12-30-91			
12/30	Dividend	1	AIM WEINGARTEN FUND STOCK VALUE 17.65 SPIN OFF FROM UTS GOV EQ TRSR 2 RG	Income		
12/30	Dividend		FUNDS RECEIVED IN LIEU OF FRACT SHARE AIM WEINGARTEN FUND TO PAY DISTRIBUTION DATED 12-30-91	Fractional Share		07.69
12/30	Dividend		FUNDS RECEIVED IN LIEU OF FRACT SHARE AIM WEINGARTEN FUND	Income		08.46

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Client Statement

Retirement Account

Prudential Securities

Prudential Securities Incorporated is a subsidiary of The Prudential Insurance Company of America, Newark, New Jersey

HARRY A JOHNSTON II Oct 1 - Dec 31, 1991 Account Number: 034-816565-03

Account Activity (CONTINUED)

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE/ENTRY	AMOUNT CHARGED	AMOUNT CREDITED
12/31	Dividend	3	PRU MONEYMART DIV REINV 12/26 - 12/30	Money Fund		
12/31	Purchased	16	PRUDENTIAL MONEYMART ASSETS FUND AUTO SUBSCRIPTION	1.00	$16.00	

Portfolio Summary

DESCRIPTION	QUANTITY	PRICE	VALUE	ESTIMATED ANNUAL INCOME	COMMENTS
AIM EQUITY FUNDS MEINGARTEN FUND	2	17.660	$35.32		
UNITS GOVERNMENT SECURITIES EQUITY TRUST SERIES 2	700	13.678	$9,574.60		
PRICED SECURITIES VALUE			$9,609.92		
PRUDENTIAL MONEYMART ASSETS FUND	4,102	1.000	$4,102.00	$188.69	4.64 % YIELD
MONEY MARKET FUNDS			$4,102.00	$188.69	

Direct Investments

Beginning with this statement, the reported face value of your direct investments will not be included in the calculation of Net Worth. Therefore, the opening and closing net worth balances have been adjusted to reflect this change. This new Direct Investments section has been created to provide you with the following information:

DESCRIPTION	QUANTITY	PRICE	FACE AMOUNT	COMMENTS
HUTTON SO TMBR I	2,000	1.000	$2,000.00	a
TOTAL DIRECT INVESTMENTS			$2,000.00	

We have provided the above details about direct investments for informational purposes only. It reflects purchases through Prudential Securities or information supplied to us. Positions designated by a are not held in your account at Prudential Securities. We have not confirmed that you continue to own this security with the issuer. Face amounts do not represent current market value.

WE EXTEND TO YOU AND ALL OUR VALUED CLIENTS AND FRIENDS OUR SINCERE BEST WISHES FOR A HAPPY, HEALTHY AND PROSPEROUS 1992.
IT IS A PLEASURE AND PRIVILEGE TO SERVE YOUR INVESTMENT AND FINANCIAL NEEDS.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Name: Ben Lewis Jones
Office Address: 1601 Ben in Mountair Tower
City, State, Zip: Cumberland, MD 21502
Home Address: [redacted]

(9) HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State District: Md 6th	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		Termination	Termination Date

MC

(Office Use Only)

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable, Oct. 2nd	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Universal Studios, Inc., Universal City, Ca.	residuals	$46.00

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Ben Lewis Jones

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

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Reporting Individual's Name
Ben Lewis Jones

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☒

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
			You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							
				X																X											

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Ben Lewis Jones

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
		X																	X										

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Reporting Individual's Name
Ben Lewis Jones

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 - over
	Example ABC Corporation Common Stock	X			10-12-90			X				

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Reporting Individual's Name
Ben Lewis Jones

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse For further information, see instructions, page 18.

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Ben Lewis Jones

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☒

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Democracy for China Fund, Inc		Aug 30	Air fare from Washington, D.C. to Hong-Kong	
Democracy for China Fund, Inc		Aug. 31-Sept 2	Lodging and Meals in Hong Kong (Furama Hotel)	
Democracy for China Fund, Inc		Sept. 2	Air fare from Hong-Kong to Beijing	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Bon Lewis Jones

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name: BEN LEWIS JONES

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☒

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	June 17, 1992

GPO 1991 50-287 (m)

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
SURFACE TRANSPORTATION
WATER RESOURCES
PUBLIC BUILDINGS AND GROUNDS
VETERANS AFFAIRS
COMPENSATION PENSION AND INSURANCE
HOUSING AND MEMORIAL AFFAIRS
HOSPITALS AND HEALTH CARE

INSIDE MAIL

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92 JUL -7 PM 5:14
COMMITTEE ON STANDARDS

Congress of the United States
House of Representatives
Washington, DC 20515

BEN JONES
4TH DISTRICT GEORGIA

514 CANNON HOUSE OFFICE BUILDING
WASHINGTON DC 20515
(202) 225-4272

DISTRICT OFFICES

2936 NORTH DRUID HILLS ROAD
ATLANTA GA 30329
(404) 728 1250

2964 EMBER DRIVE
SUITE 113
DECATUR GA 30034
(404) 244-1513

1124 CLARK STREET
COVINGTON GA 30209
(404) 784-0250

INSIDE MAIL

July 8, 1992

(1) ✓ MC

1992 JUL 10 AM 8 40

Mr. Donnald Anderson
Office of the Clerk
U.S. House of Representatives.
Washington, D.C. 20515

Dear Mr. Anderson:

I am writing to amend my financial disclosure statement for 1991, as I inadvertently failed to include reimbursement for a trip in October of 1991. This was a trip to the University of Nebraska-Lincoln to speak for their "Soberfest", which was organized by their Interfraternity Council. The Sigma Alpha Epsilon Fraternity paid for my round trip air fare from Atlanta, Georgia to Omaha Nebraska ($941), and for one night's lodging at Howard Johnson's at O'Hare Airport ($57.77) resulting from a layover.

I also accepted round trip airfare from Soloman Ortiz for Congress ($137) and one night's lodging at the Radisson Corpus Christi ($86.44).

Please let me know if you need any further information.

Yours truly,

Ben Jones

Ben Jones
Member of Congress

(7)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees.

WALTER B. JONES
(Full Name)

241 Cannon House Office Building — 225-3101
(Mailing Address) — (Telephone)

Washington, D.C. 20515

INSIDE MAIL

Filer Status	X Member of the U.S. House of Representatives	State: N.C. District: 1st	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Mrs. Elizabeth Jones (under contract to edit publications)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

WALTER B. JONES

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																								Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)														Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000		
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X													X
			George Wash. Credit Union Accounts				X									X									X											
			182 Main Street, Dover, Delaware					X							X									X												
			North Carolina National Bank			X								X								X														
			Investors Title Company			X								X									X													
			Centura Bank			X								X								X														
			Ford Motor Company			X								X								X														
			North Carolina National Bank				X									X							X													

For additional assets and unearned income, use next page

2065

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WALTER B. JONES

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT																											
First Federal Savings and Loan			X									X							X								
Wachovia Bank and Trust			X									X							X								

Reporting Individual's Name
WALTER B. JONES

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Riggs National Bank, Washington, D.C.	Loan		X					
	Wachovia Bank of N.C., Snow Hill, N.C.	Loan		X					

2067

Reporting Individual's Name

WALTER B. JONES

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S DC JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO DAY YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 -
	Example: ABC Corporation Common Stock	X			10 12 90			X				

2068

Reporting Individual's Name
WALTER B. JONES

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

2069

Reporting Individual's Name
WALTER B. JONES

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Walter B. Jones	May 13, 1992

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 2 44

(17)

James Prather Jontz
(Full Name)

1317 Longworth H.O.B.
(Mailing Address)

Washington, DC 20515

Telephone: 202-225-5037

Filer Status	X Member of the U.S. House of Representatives	State Indiana District 5th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

mc

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2071

Reporting Individual's Name
James Prather Jontz

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X								X							
			182 Main Street, Dover, Delaware					X							X									X							
	Lake City Bank (Warsaw, IN) *					X										X						X									

For additional assets and unearned income, use next page

Page ___ of ___

* see attached addendum

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Reporting Individual's Name

James Prather Jontz

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

James Prather Jontz

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: James Prather Jontz

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Sierra Club	Notecards	$137.70

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Public Voice for Food & Health Policy		3/26/91	Air travel from Boise, ID to Washington, DC for speaking engagement. All other travel paid personally.	
National Audubon Society		12/5/91	Roundtrip air from Wash. DC to New York City for speech.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
James Prather Jontz

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Member, Board of Dir.	Indiana Wildlife Federation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
X James Jontz	5/14/92

GPO: 1991 - 509-067 (m)

2076

JIM JONTZ
5th District, Indiana

COMMITTEE ON AGRICULTURE
Department Operations, Research and Foreign Agriculture
Forests, Family Farms, and Energy

COMMITTEE ON INTERIOR AND INSULAR AFFAIRS
National Parks and Public Lands
Mining and Natural Resources
Energy and the Environment

SELECT COMMITTEE ON AGING
Retirement Income and Employment

Congress of the United States
House of Representatives
Washington, D.C. 20515

Please reply to

1317 Longworth House Office Building
Washington, DC 20515
(202) 225-5037

DISTRICT OFFICES

Toll Free (Outside of Howard County)
1-800-544-1474

104 West Walnut Street
Kokomo, IN 46901
(317) 459-4375

302 East Lincolnway
Valparaiso, IN 46383
219) 462-9499

ADDENDUM TO FINANCIAL DISCLOSURE OF U.S. REP. JIM JONTZ

Reference Parts II and III -- Assets and "Unearned" Income

* Total interest income for 1991 on deposits in Lake City Bank, Warsaw, Indiana, totaled $225.92.

Printed on Recycled Paper

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 JUL 15 PM 3:46

HAND DELIVERED

Paul E. Kanjorski
(Full Name)

103 South Hanover Street
(Mailing Address)

(717) 735-6654
Telephone

Nanticoke, Pennsylvania 18634

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 11th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Estate of Josephine Mazukewicz	Executors Fee	$10,000.00

2078

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Paul E. Kanjorski

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Hershey Foods Corporation	Speech	11/11/91	$2,000
Credit Union Executives Society	Sppech	10/24/91	$2,000

Reporting Individual's Name
Paul E. Kanjorski

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	Less than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	S Examples	ABC Corporation Stock		X									X									X								X
		George Wash. Credit Union Accounts				X									X										X					
		182 Main Street, Dover, Delaware					X							X										X						
		Mellon Bank/United Penn Bank, Wilkes-Barre, Pennsylvania				X									X										X					
		Law Office Movable Assets			X															X										
		Real Property-20+ acres, ½ interest, Dallas Twp., Luzerne Co. PA							X											X										
		Real Property-90+ acres, 1/5 interest, Wright TWP, Luzerne Co, PA							X											X										
JT		IRA Equitable Life			X															X										
JT		IRA Prudential-Bache Securities Am. Capital Gov't. Fund				X														X										

For additional assets and unearned income, use next page

2080

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Paul E. Kanjorski

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S DC JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
1/10 interest in Father's estate					X													X										
1/5 interest in Mother's estate					X													X										
⅕ interest, 126 South Franklin St., Wilkes-Barre, PA							X						X									X						

2081

Reporting Individual's Name

Paul E. Kanjorski

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 –
Example	ABC Corporation Common Stock	X			10-12-90			X				

2082

Reporting Individual's Name

Paul E. Kanjorski

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Hanover Nat'l. Bank, Wilkes-Barre, PA	½ installment sales agreement, Mrtg., 126 S. Franklin St., Wilkes-Barre, PA		X					
	United Penn Bank, Wilkes-Barre, PA	personal loan		x					

2083

Reporting Individual's Name: Paul E. Kanjorski

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Association of Insurance Commissioners	9/16/91	Roundtrip Air Travel from Wash., DC to Pittsburgh, PA and taxi fares; self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Paul E. Kanjorski

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Trustees	Wilkes University, Wilkes-Barre, PA
Board of Delegates	Economic Development Council of Northeastern Pennsylvania

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Paul E. Kanjorski	May 15, 1992

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

MARCIA C. (MARCY) KAPTUR
(Full Name)

1841 DORITY ROAD
(Mailing Address)

Telephone: (419)259-7500

TOLEDO, OHIO 43615

Filer Status	[X] Member of the U.S. House of Representatives	State OHIO District 9th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED
MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use next page

2086

Reporting Individual's Name

MARCIA C. (MARCY) KAPTUR

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Block D Transaction (X)
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		162 Main Street, Dover, Delaware					X							X									X						
		FIRST FEDERAL SAVINGS & LOAN ASSN.			X										X									X					
		STANDARD FEDERAL (FORMERLY UNITED HOME FEDERAL)			X										X								X						
		LITTLE FLOWER CREDIT UNION		X											X						X								
		U.S. SAVINGS BONDS-SERIES EE			X										X						X								
		SOCIETY BANK		X											X						X								
		CONGRESSIONAL FEDERAL CREDIT UNION (SAVINGS)			X										X								X						

For additional assets and unearned income, use next page

2087

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
MARCIA C. (MARCY) KAPTUR

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
TRANSAMERICA (RETIREMENT ACCOUNT)				X									X														

2088

Reporting Individual's Name

MARCIA C. (MARCY) KAPTUR

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	HOUSE ON HARLAN ROAD WITH LOT (1854 HARLAN RD., TOLEDO, OH 43615)	X			8/24/90		X					

Reporting Individual's Name

MARCIA C. (MARCY) KAPTUR

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	NONE								

2090

Reporting Individual's Name
MARCIA C. (MARCY) KAPTUR

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE			

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
MOTOR VEHICLE MANUFACTURERS ASSOC. (DETROIT)		Apr.25-26'91	One way airfare from DC to Detroit, 2 days food & lodging	
International Brotherhood of Electrical Workers (IBEW) St. Louis, Missouri		Oct.7 '91	Air Fare from Hartford, Conn. to St. Louis and St. Louis to DC and lunch	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
MARCIA C. (MARCY) KAPTUR

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Marcia (Marcy) C. Kaptur	May 14, 1992

GPO : 1991 : 50-287 (m)

(2) '92

MARCY KAPTUR
MEMBER
9TH DISTRICT, OHIO

COMMITTEES:
APPROPRIATIONS
SUBCOMMITTEES
RURAL DEVELOPMENT
AGRICULTURE AND RELATED AGENCIES
VA - H.U. AND INDEPENDENT AGENCIES

WASHINGTON OFFICE
1228 LONGWORTH BUILDING
WASHINGTON, DC 20515-3509
(202) 225-4146

DISTRICT OFFICE
FEDERAL BUILDING
234 SUMMIT ST., ROOM 719
TOLEDO, OH 43604
419) 259-7500

92 ... 15 ...

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515-3509

May 14, 1992

MC

The Honorable Louis Stokes
Chairman
Committee on Standards of
Official Conduct
The Capitol, HT-2
Washington, D.C. 20515-6328

Dear Chairman Stokes:

Enclosed is a replacement for page 6 of my Financial Disclosure Form submitted earlier today.

I inadvertently omitted listing airfare from Toledo to Tokyo and Hawaii, December 1-6, 1991 plus lodging and meals paid by US-Japan Economic Agenda, Washington, D.C.

With kindest personal regards.

Sincerely,

Marcy

MARCY KAPTUR
Member of Congress

MK:no
Enclosures

PRINTED ON RECYCLED PAPER

Reporting Individual's Name
MARCIA C. (MARCY) KAPTUR

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
MOTOR VEHICLE MANUFACTURERS ASSOC. (DETROIT)	Apr. 25-26 '91	One way airfare from D.C. to Detroit, 2 days food & Lodging	
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS (IBEW) ST. LOUIS, MISSOURI	Oct.7 '91	Airfare from Hartford, Conn. to St. Louis for speech at Luncheon then airfare from St. Louis, Mo. to D.C.	
U.S. JAPAN ECONOMIC AGENDA WASHINGTON, D.C.	Dec.1-6 '91	Airfare from Toledo to Tokyo and Hawaii plus lodging and meals (Please note Hawaii to DC was paid by Veterans Committee)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 - 1 [illegible] 8

HAND DELIVERED

MC (Office Use Only)

2095

John R. Kasich
(Full Name)

63 North West Street
(Mailing Address) Telephone

Westerville, Ohio 43081

Filer Status	x Member of the U.S. House of Representatives	State Ohio District 12th	Officer or Employee	Employing Office
Report Type	x Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [x]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
None			

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
John R. Kasich

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
National Association of Purchasing Management - Columbus	Speech	April 18, 1991	$100.00
(Paid to Mothers Against Drug Driving [MADD])			

Reporting Individual's Name
John R. Kasich

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		BankOne, Columbus, Ohio			x										x						x									
		Wright Patman Credit Union, Wash.DC			x							(savings)			x						x									
		Wright Patman Credit Union, Wash.DC			x							(money market)			x						x									
		Northwestern Mutual Variable Annuity				x							x										x							
		Northwestern Mutual Variable Annuity			x								x									x								
		Northwestern Mutual Variable IRA			x								x									x								

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John R. Kasich

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S DC JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Putnam U.S. Government Securities					X							X											X					
First Capital Insured				X								X							X									
Alliance Insured Account					X							X												X				
Washington Mutual Fund					X							X											X					
Medex Inc., Ohio				X								X										X						X

2 (Form A)

Page ___ of ___

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Reporting Individual's Name: John R. Kasich

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Northwestern Mutual Variable Annuity	x			Payments per month	x						
	Northwestern Mutual Variable Annuity	x			Payments per month	x						
	Northwestern Mutual IRA	x			Payments per month	x						
	Medex Inc., Ohio	x			July, 1991	x						

Reporting Individual's Name
John R. Kasich

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	None								

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Reporting Individual's Name: John R. Kasich

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Congressional Charity Golf Tournament	Tiffany crystal bowl	$50.00
Congressional Charity Golf Tournament	Tiffany crystal golf ball paperweight	$75.00
The Greenbrier, West Virginia	(Congressman Kasich won the two prizes in the tournament)	
1991 Youthlinks Indiana Golf	(road atlas, American Flag pin, book, Gift Bag Items and numerous coupons)	$75.00
Indianapolis, Indiana		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Robert F. Kennedy Memorial Golf Hyannisport, Massachusetts	Oct. 17 & 18, 1991	Roundtrip Air from Washington, D.C. to Hyannisport, Massachusetts one day food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: John R. Kasich

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Member, Board of Directors	Concord Counseling, Columbus, Ohio

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement
	None	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [x]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

John R. Kasich
(Full Name)

63 North West Street
(Mailing Address)

Telephone

Westerville, Ohio 43081

HAND DELIVERED
MC
(2)
(Office Use Only)

Filer Status	X	Member of the U.S. House of Representatives	State Ohio District 12th	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	X Amendment Part VII Continuation Sheet	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: John R. Kasich

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Flour Daniel Corporation	March 13	Freedom Flight to Kuwait, Roundtrip Air from Washington, D.C.	
	to March 16	to Manama, Bahrain	
	1992		

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(10)

Joseph P. Kennedy II
(Full Name)

73 Bigelow Street
(Mailing Address)

Telephone

Brighton, Massachusetts 02135

Filer Status	X	Member of the U.S. House of Representatives	State Massachusetts District 8	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Joseph P. Kennedy II

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
International Business Machines, Armonk, NY		TV Documentary	July 26, 1991	$ 500.00
John Hancock Insurance Company, Inc., Boston MA		Speech	December 9, 1991	$2,000.00

Reporting Individual's Name
Joseph P. Kennedy II

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A: Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent children's (DC), or jointly held (JT). This is optional.)				BLOCK B: Valuation of Asset – Year End Value (X): None	A: Less than $1,001	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: over $1,000,000	Indicate if alternative valuation method (X). Attach explanation	BLOCK C: Income – Type of Income (X): DIVIDENDS	RENT	INTEREST*	CAPITAL GAINS	EXCEPTED TRUST*	QUALIFIED BLIND TRUST	(Other Income (Specify type)	Category of Amount of Income (X): None	I: Less than $201	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: over $1,000,000	Block D: Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X								X							
			182 Main Street, Dover, Delaware					X							X								X								
	Fleet Bank Accounts, Boston, MA					X										X						X									
	Merrill Lynch Retirement Reserves & Balanced Funds, Stamford, CT (IRA's)							X						X									X								X
	January 27, 1926 Trust, Joseph P. Kennedy, grantor, FBO Robert F. Kennedy, N.Y., N.Y.																	X									X				
	August 31, 1959 Trust, Robert F. Kennedy, grantor, FBO Joseph P. Kennedy II, N.Y., N.Y.																	X									X				
	August 31, 1959 Trust, Robert F. Kennedy, grantor, FBO David A. Kennedy, N.Y., N.Y.																	X						X							
	Joseph P. Kennedy II Blind Trust, dated June 16, 1987, Washington, D.C.																		X			X									

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Joseph P. Kennedy II

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED "TRUST" QUALIFIED "BLIND TRUST"		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Angerman Gas Venture - 1981 (a ltd partnership holding oil and gas properties), Pittsburgh, PA				X	*												Oil & Gas Partnership Income				X							
L. F. Rothschild Venture Capital Fund (ltd partnership) Menlo Park, CA-Overall Value				X														X										
Assets of the ltd partnership reflecting an 18% interest exceeding $1,000 include:																												
• Cadre Technologies, Beaverton, OR				X													None	X										
Mentor Graphics Corp., Beaverton, OR				X													None	X										
Interest in estates of Robert F. Kennedy and David A. Kennedy, as yet undistributed						X											None	X										

* Based on good faith estimate

Reporting Individual's Name

Joseph P. Kennedy II

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO. DAY. YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10 12 90			X				
	Merrill Lynch Retirement Reserve and Balanced Fund - Monthly dividend reinvestment	X			Monthly during 1991	X						

Reporting Individual's Name

Joseph P. Kennedy II

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Financial Disclosure A-4

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Reporting Individual's Name: Joseph P. Kennedy II

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or reimbursement (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel related expenses provided by federal, state, and local governments, or by a foreign government; and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information, see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Center for International Policy	02/06-07/91	Roundtrip Air from Washington, DC to Port-au-Prince, Haiti, and 2 days food & lodging - self	
Congressman Ted Weiss campaign comittee	02/23/91	Roundtrip Air from Boston to New York - self	
Inside Edition	04/23/91	Roundtrip Air from Boston to Philadelphia - self	
South Dakota Democratic Party	09/11-12/91	Roundtrip Air from Washington, DC to Pierre, South Dakota, and 1 night food & lodging - self	
National Children's Day Foundation	06/04/91	Air/Lic. from Boston to New York and from New York to Washington, DC - self	

*Required to be reported under the Foreign Gifts and Decorations Act, 5 U.S.C. 7342.

Reporting Individual's Name
Joseph P. Kennedy II

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
University of San Francisco Law School	11/08-09/91	Airfare from Washington, DC to San Francisco, and from San Francisco to Boston, and 1 night food & lodging - self	

Reporting Individual's Name

Joseph P. Kennedy II

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS. Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Honorary Chairman	Citizens Energy Corp
Honorary Chairman	National Childrens Day Foundation, Inc
Chairman, Vice President	The Canadian Robert F. Kennedy Memorial
Member, Board of Directors	The Hay Trust - America
Limited Partner (Transferee)	Angerman Gas Venture - 1981
Limited Partner (Transferee)	L. F. Rothschild Venture Capital Fund

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [X] No [ ] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)

May 15, 1992

OGE Form 278 (7/91)

Joseph P. Kennedy II
1991 Financial Disclosure Statement

ADDITIONAL INFORMATION

Direct and beneficial interests of my children have not been reported herein. Assets disclosed in prior years and not appearing this year are the assets of the children, neither of whom lives with me or is my dependent within the meaning of Sec. 152 of the Internal Revenue Code.

In addition to the beneficial interests in the excepted trusts and qualified blind trust disclosed above, I have beneficial interests in the excepted trusts listed below. No income was received from these trusts during 1991.

Trust under the will of George Skakel
Trust under the will of Ann B. Skakel

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . . 15 [illegible] 9

BARBARA BAILEY KENNELLY
(Full Name)

95 SCARBOROUGH STREET
(Mailing Address)

HARTFORD, CONNECTICUT 06105

Telephone (203) 523-1116

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State CT District 1	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Rome, Case, Kennelly & Klebanoff, P.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

BARBARA BAILEY KENNELLY

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Wine Institute, Washington, D.C.	Speech	June 11, 1991	$2,000
American International Group, Brewster, N.Y.	Speech	July 19, 1991	$2,000
National Rural Electric Cooperative Assoc., Wash., D.C.	Speech	October 2, 1991	$1,000
American Express, Boston, Massachusetts	Speech	October 25, 1991	$2,000
Grocers Manufacturers of America, Washington, D.C.	Speech	December 18,1991	$2,000

Reporting Individual's Name

BARBARA BAILEY KENNELLY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: George Wash. Credit Union Accounts				X									X									X						
	Examples: 182 Main Street, Dover, Delaware						X						X									X							
	John Moran, Incorporated (Beachhouse) 144 Middle Beach Rd., Madison, CT						X												X										
	Smith Barney (IRA)			X								X									X								
S	South Street Associates (3 1/3% Share) 502 South Street, Bristol, CT			X														None	X										
S	RCK&K Realty (22% Share) 693 Bloomfield Ave., Bloomfield, CT						X											None	X										
S	RCK&K, P.C. Pension Plan							X				X		X										X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: BARBARA BAILEY KENNELLY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Smith Barney (IRA)			X								X									X								

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Reporting Individual's Name

BARBARA BAILEY KENNELLY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Millbrook Associates (2% Share) West Tisbury, Massachusetts		X		9-12-91			X				

Reporting Individual's Name

BARBARA BAILEY KENNELLY

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 1b.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	Union Trust Bank of Bloomfield, Connecticut	Personal Loan	X						
S	First Bank of West Hartford, Connecticut	Personal Loan		X					

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Reporting Individual's Name

BARBARA BAILEY KENNELLY

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Beryl Anthony Fundraising Tournament	Golf Driver: Longest Women's Drive Prize	$144

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American International Group		July 18-19, 1991	Oneway Air Travel from Washington, D.C. to White Plains, N.Y., 1 day food and lodging, self and spouse.	
American Express		October 25, 1991	Oneway Air Travel from Washington, D.C. to Boston, MA, Oneway automobile travel from Boston, MA to Hartford, CT.	
State University of New Jersey, Rutgers (Center for American Woman and Politics)		November 15-17, 1991	Roundtrip Air Travel from Washington, DC, to San Diego, CA to Hartford, CT, 2 days food and lodging.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name
BARBARA BAILEY KENNELLY

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
BARBARA BAILEY KENNELLY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 8, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Barbara B. Kennelly	May 14, 1992

GPO : 1991 : 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 15 10

HAND DELIVERED

DALE EDWARD KILDEE
(Full Name)

1434 JANE AVENUE — 313/232-2716
(Mailing Address) — Telephone

FLINT, MI 48506

Filer Status	X Member of the U S House of Representatives	State Michigan District 7th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	SHANNON & LUCHS REAL ESTATE	SPOUSE COMMISSION	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

DALE EDWARD KILDEE

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X							X
			George Wash. Credit Union Accounts				X								X								X						
			182 Main Street, Dover, Delaware					X						X										X					
JT	DOMINION BANK				X										X					X									
JT	WRIGHT PATMAN CREDIT UNION				X										X					X									
	IRA WRIGHT PATMAN CREDIT UNION				X																								
S	IRA WRIGHT PATMAN CREDIT UNION				X																								
S	S.E.P. DOMINION BANK				X																								
	MICHIGAN LEGISLATIVE RETIREMENT *						X																						

For additional assets and unearned income, use next page

*(VESTED - NOT RECEIVING)

2125

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
DALE EDWARD KILDEE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	U.S. SAVINGS BONDS			X																							
DC	U.S. SAVINGS BONDS			X																							
DC	U.S. SAVINGS BONDS			X																							

Reporting Individual's Name
DALE EDWARD KILDEE

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
DALE EDWARD KILDEE

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

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Reporting Individual's Name
DALE EDWARD KILDEE

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
MOTOR VEHICLE MANUFACTURERS ASSOCIATION	4/25-26/91	One way air fare from Washington, D.C. to Detroit, Michigan Two days food and one night lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
DALE EDWARD KILDEE

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [ ]

Date	Parties To	Terms of Agreement
1/1/77	STATE OF MICHIGAN AND SELF	LIFE AND HEALTH INSURANCE

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** [ ] **No** [X] **NA** [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** [ ] **No** [X] **NA** [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Dale E. Kildee	May 14, 1992

GPO 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

Congressman Gerald D. Kleczka
(Full Name)

3268 South 9th Street
(Mailing Address)

414-297-1140
Telephone

Milwaukee, WI 53215

Filer Status	[XX] Member of the U.S. House of Representatives	State WI District 04	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

APR 30 1992

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	George Washington Hospital, Alexandria, VA	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

KLECZKA, GERALD D.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	American Institute of CPA's, Washington, D.C.	Speech	4/23/91	$2,000.
	National Association of Realtors, Washington, DC	Speech	11/10/91	$2,000.

Reporting Individual's Name

KLECZKA, GERALD D.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
			You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC JT	Examples	S	ABC Corporation Stock			X							X									X							X
			George Wash. Credit Union Accounts				X								X								X						
			182 Main Street, Dover, Delaware					X						X										X					
JT	Security Bank																												
	184 W. Wisconsin Ave, Milwaukee					X									X								X						
JT	3262 S. 9th St. Milwaukee, WI																												
	Rental Property							X					X											X					
	Bay View Federal																												
	3974 S. Howell, Milwaukee					X									X								X						

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: KLECZKA, GERALD D.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Wisconsin Retirement System						X																	X						
201 W. Washington, Madison, WI												X		X	X														

Reporting Individual's Name

KLECZKA, GERALD D.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

KLECZKA, GERALD D.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Lincoln Savings Bank	Mortgage on 3262 S. 9th St.							
	3131 S. 13th St., Milwaukee	Milwaukee, WI		X					

Reporting Individual's Name
KLECZKA, GERALD D.

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Darshan and Debra Dhaliwal	Rug	$190.
Mequon, Wisconsin		

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Board of Realtors	11/8-11	Roundtrip Air Travel from Washington to Las Vegas	
		3 nights lodging, plus food	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
KLECZKA, GERALD D.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XX

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE XX

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day, Year)
Gerald D. Kleczka	1/27/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

92 1 15 P.M 3 06

HAND DELIVERED

Scott Klug
(Full Name)

737 Seneca Place
(Mailing Address)

Telephone: 202-225-2906

Madison, Wisconsin 53711

Filer Status	X Member of the U.S. House of Representatives	State WI District 2	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☑

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Scott Klug

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	National Restaurant Association, Wash., D.C.	Speech	May 17, 1991	$2,000
	Amusement & Music Operators Association, Chicago	Charity pinball tournament	May 21, 1991	100
	Industrial Truck Association, Wash., D.C.	Speech	Sept. 22, 1991	2,000
	Capitol Forum, Des Plaines, IL	Speech	May 22, 1991	500
	Women's Civic League, Portage, WI	Speech	Sept. 11, 1991	50
	Congressional Quarterly	Speech	Dec. 18, 1991	200

Reporting Individual's Name
Scott Klug

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X								X									X							
			182 Main Street, Dover, Delaware					X																X							
JT	CUNA Credit Union (Madison)						X								X							X									
	Kemper (IRA)						X								X							X									
S	Kemper (IRA) - Tess							X							X									X							
JT	McCormick Co. - Stock					X								X								X									
DC	Phillips Petroleum-Stock/Collin					X								X								X									
DC	Pacific Telests-Stock/Collin					X								X								X									

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Scott Klug

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Southwest Bell-Stock/Brett			X								X										X							
DC	Union Electric-Stock/Keefe			X								X									X								
DC	Kemper-Tax fee bonds-Keefe			X										X							X								
JT	Mesa Limited Partners		X											X					X										
JT	M & I Bank		X											X					X										

Reporting Individual's Name

Scott Klug

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets		Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Scott Klug

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☑

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Scott Klug

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☑

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
American Council on Germany		4/18/91 - 4/22/91	Roundtrip airfare from Washington, D.C. to Frankfurt and Berlin, Germany	
Atlantik Bruecke		4/18/91 - 4/22/91	Lodging and meals in Germany	
National Restaurant Association		5/17/91 - 5/19/91	Roundtrip train from Milwaukee to Chicago, food, lodging, mileage and parking for self and spouse	
Industrial Truck Association		9/21-91 - 9/23/91	Roundtrip airfare from Madison to San Diego, food, lodging and car rental for self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Scott Klug

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☑

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Scott Klug	5-15-92

(10)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

James Thomas Kolbe
(Full Name)

410 Cannon House Office Building — 225-2542
(Mailing Address) — Telephone

AND DELINQUENT

Filer Status	[X] Member of the U.S. House of Representatives	State Arizona District 5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	University of Arizona	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
James Thomas Kolbe

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Arizona Daily Star	Article	March 20, 1991	$50.00
	American Amusement Machine Association	Speech	May 8, 1991	$1000.00

Reporting Individual's Name

James Thomas Kolbe

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																		Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X									X
	George Wash. Credit Union Accounts				X									X									X							
	182 Main Street, Dover, Delaware					X							X											X						
	Sonoita, Arizona, ½ Interest in 500 acres land						X																							
	Franklin Arizona Tax-Free Income Fund			X								X									X									X
	Motorola Corp. Stock			X								X									X									
	Valley National Bank, Checking & Savings Acct.			X										X							X									
	Chase Money Market Acct.			X										X							X									
	Alliance Capital Reserves Money Mkt.				X									X								X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
James Thomas Kolbe

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Broken Hill Proprietary - Stock				X								X								X									
Esterline Corp. - Stock				X								X							X										
Southmark Equity Partnership				X								X									X								
Exeter Real Estate Investors - 1 share					X																								
Golder Ranch Assoc. - Limited Ptnshp ½ share				X																									
Catalina Bonanza Ltd. - Ptnshp - ½ share				X																									
Wood Canyon Corp. - 5% of outstanding stock						X																							
Congressional Federal Credit Union				X								X								X									
Merrill Lynch Cash Mgt. Acct.				X										X							X								
Merrill Lynch IRA						X												NA											
Munivest - Municipal Bond Fund				X										X							X								
Insured Municipal Income Trust				X																									
Investment Co. of America - Mutual Fund						X						X											X						
A.G. Edwards Daily Cash Accumulation Fund						X						X										X							
Source Capital - Stock				X								X									X								

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
James Thomas Kolbe

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX Over $100,000	
Medtronics - Stock				X								X									X							
Salt River Project - Series 3 Bonds			X																									
Maricopa County Road Bonds			X																									
Mexico Fund				X								X									X							X
Chandler Water & Sewer Revenue Bonds				X																								X

Reporting Individual's Name: James Thomas Kolbe

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Mexico Fund - Stock Shares	x			6/21/91	x						
	Franklin Arizona Tax Free Income Fund	x			4/22/91	x						
	Investment Co. of America - Mutual Fund	x			6/13/91			x				
	Chandler Water & Sewer Revenue Bonds	x			6/13/91		x					

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Reporting Individual's Name

James Thomas Kolbe

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, D, J, T	Creditor	Type of Liability	B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

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Reporting Individual's Name
James Thomas Kolbe

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Douglas Chamber of Commerce, Douglas, Arizona	Kachina Doll	$100.00
Los Charros del Desiertos, Tucson, Arizona	Print	$125.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Columbia Institute for Political Research	1/5-12/91	Roundtrip airfare from Washington, D.C. to Moscow, Soviet Union; 8 days food & lodging. (Exchange participant)	
Border Trade Alliance	2/24-25/91	Airfare from Tucson, AZ to Mexico City/Mexico City to Phoenix, AZ; 2 days food & lodging. (Conference participant)	
The Congressional Institute	4/14-16/91	Roundtrip bus & train transportation from Washington, D.C. to Princeton, NJ; 3 days food & lodging w/spouse. (Conference participant)	
Congressional Economic Leadership Institute	4/1-5/91	Airfare from Tucson, AZ to Brownsville, TX/Matamoros, Mexico to Mexico City/Mexico City to Tucson, AZ; 5 days food/lodging. (Conference participant)	
Caribbean Latin American Action	4/11-12/91	Airfare Washington, DC to San Antonio, TX/San Antonio, TX to Tucson, AZ; 2 days food & lodging. (Conference participant)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name
James Thomas Kolbe

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
American Chamber of Commerce of Mexico	4/25-27/91	Airfare from Washington, D.C. to Mexico City/Mexico City to Atlanta, GA; 3 days food. (Conference participant)	
Cemex	11/15-17/91	Airfare from Washington, D.C. to Mexico City/Mexico City to Washington, D.C. 3 days food. (Conference participant)	

Reporting Individual's Name
James Thomas Kolbe

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Trustee	Embry-Riddle Aeronautical University
Director	Community Food Bank

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jim Kolbe	5/14/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : 1 : 23

HAND DELIVERED

JOSEPH P. KOLTER
(Full Name)

2185 Mercer Road
(Mailing Address) (Telephone)

New Brighton, PA 15066

Filer Status	X Member of the U.S. House of Representatives	State PA District IV	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE X

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Joseph F. Kolter

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				A None	B Less than $1,001	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX over $100,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X								X							
			182 Main Street, Dover, Delaware					X							X								X								
			1514 7th Avenue New Brighton, PA				X							X									X								
			1009 West 17th St. Beaver Falls, PA				X							X							X										
			Bank of New York (First Trust)				X							X										X							
			Automated Cash Management Trust			X								X							X										
			Capital Industries Inc.	X											X					X											
			Capital Realty Investors			X									X					X											

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Joseph P. Kolter

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Congressional Federal Credit Union				X										X							X							
Century National Bank				X										X								X						
Dynamics Science International			X									X							X									
First Federal of New Castle			X											X					X									
First Seneca Bank (Integra Bank)				X										X							X							
Forum Group			X									X						X										
Franklin U. S. Govt. Securitites IRA				X								X								X								
Greek Catholic Union				X										X						X								
Integra (See First Seneca)																												
International Investment Insurance IRA				X								X							X									
Mellon Bank				X										X						X								
Michael Baker Jr. Engineers				X										X				X										
Municipal Investment Trust				X								X								X								
Openheimer Fund IRA				X								X									X							
Pittsburgh PA Co				X										X							X							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Joseph P. Kolter

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 / over $1,000,000	
Strategic Investment Fund IRA		X									X							X								
Tandon Corporation			X								X							X								
Van Camp & Merit PA			X										X							X						

Reporting Individual's Name

Joseph P. Kolter

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Municipal Investment Trust		X		8/25/91	X						
	"		X		9/25/91	X						
	"		X		11/25/91	X						
	"		X		12/25/91	X						
	"		X		12/31/91	X						
	First Trust Ins. Municipal Bonds (formerly Bank of New York)		X		3/01/91	X						

Reporting Individual's Name
Joseph P. Kolter

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	First Federal Bank - New Castle	Mortgage on 1009 W. 17th St. Beaver Falls, PA		X					

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Reporting Individual's Name: Joseph P. Kolter

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [ ]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name: Joseph P. Kolter

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [ ]

Date	Parties To	Terms of Agreement
2-1-82	Commonwealth of Pennsylvania (Pension)	Monthly Payment

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Joseph P. Kolter	

GPO : 1991 : 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

Michael Joseph Kopetski
(Full Name)

216 Cannon Bldg
Washington, DC 20515
(Mailing Address)

202-225-5711
Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Oregon District	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

HAND DELIVERED

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Oregon Judicial Dept. -- State of Oregon	Salary-Spouse	

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Michael Kogutski

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-8. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	DIVIDEND OR INTEREST EXCEPT FROM TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Example	B	ABC Corporation Stock			X							X								X							X
DC			George Wash. Credit Union Accounts				X								X								X					
JT			182 Main Street, Dover, Delaware					X					X									X						
	Daily Cash Accumulation Fund (MMF)				X								X							X								
	Dallas Semi Conductor Common				X											X				X								Purchased
	Eastman Kodak Bond 10% due 6-15-01				X										X					X								
	GMAC Deferred Int. Bond 12/1/12			X											X					X								
JT	Daily Cash Accumulation Fund				X								X								X							
S	Advanced Logic Research Common			X												X				X								Purchased

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Michael Kopetski

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transactio (X)
	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
IBM Common	S		X								X		X						X									Purchase
Nordstrom's Common	S		X								X			X				X										Purchase
Oregon Mun 6.4% due 3.1.94	S		X										X						X									
Pacificorp Common	S		X								X			X					X									Purchase
U.S. West	S		X								X			X					X									Purchase
Southern Calif. Ed Bond	S		X										X						X									Sold
Greenwood Tr. C.D. 8.2% due 3.15.98	S		X										X						X									Purchase
New York Tel Bond 9% due 5.1.14	S		X										X						X									
Daily Cash Accumulation Fund	S		X								X								X									
Merrill, Lynch CMA Fund	S		X								X																	
458 Dancas Dr., N. Salem, Ore	S			X								X								X								X (Sold)

Michael Kopatich

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, SC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000
	Example: ABC Corporation Common Stock	X			10-18-90		X				
	Computer Associates Common		X		1.11.91	X					
	Grace Dejerew Bond		X		2.1.91	X					
	Dallas Semiconductor Common	X	X		3.27.91 4.12.91	X					
S	IBM Common	X	X		1.15.91 (B)	X					
S	IBM Common	X	X		8.23.91 (B) 9.09.91 (S)	X					
S	IBM Common	X			12.17.91	X					
S	Boeing Common	X	X		2.25.91 9.26.91	X					
S	Sears Roebuck Bond 9.5% due 6.1.99		X		3.15.91	X					
S	Southern Calif. Ed Bond 9.25% due 3.1.16	X	X		3.15.91 8.23.91	X					
S	Advanced Logic Research Common	X	X		5.23.91 7.12.91	X					
S	Sears Roebuck Common		X		5.23.91	X					
S	Family Dollar Stores Common	X	X		5.24.91 (B) 5.30.91 (S)	X					
S	U.S. West Common	X	X		7.25.91 (B) 12.23.91 (S)	X					
S	Boeing Common Call Option	X	X		5.29.91 (S) 9.13.91 (B)	X	X	X		$1,000	
S	Pacificorp Common	X	X		9.26.91 (B) 12.30.91 (S)	X					
S	Nordstrom Common	X			11.22.91	X					
S	Greenwood Trust C.D. 8.25% due 12.27.94		X		5.9.91	X					
S	Greenwood Trust C.D. 8.20% due 5.15.98	X			5.9.91	X					

Page 4 of 8

Financial Disclosure A-

TOTAL P.07

2168

Reporting Individual's Name

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000-
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	458 Douglas Dr, N. Salem, Or		X		5.91			X				

Reporting Individual's Name
Michael Kopetski

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
~~S~~	~~KSK Dorchester, M~~								
S	Mr. Ed Moss – Salem, Oregon	Land Contract							
		458 Douglas Dr., N. Salem, O			X				

Reporting Individual's Name: Michael Kopetski

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago; and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
Michael Kopetski

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Directors	The Connection Program

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Michael J. Kopetski	5.14.92

GPO 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : : 15 AM 1:25

7

Peter Houston Kostmayer
(Full Name)

2436 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Telephone (202) 225-4276

HAND DELIVERED

Filer Status	X	Member of the U.S. House of Representatives	State PA District 08	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Peter H. Kostmayer

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
NONE			

Reporting Individual's Name
Peter H. Kostmayer

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S DC JT	Examples: S	ABC Corporation Stock		X							X								X								X
		George Wash. Credit Union Accounts			X								X								X						
		182 Main Street, Dover, Delaware				X						X								X							
		Washington Federal Savings																									
		Bank (IRA)			X								X							X							
		Monarch Variable Life Policy		X																X							

For additional assets and unearned income, use next page

Tax Deferred Annuity Growth

Reporting Individual's Name

Peter H. Kostmayer

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Peter H. Kostmayer

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Congressional Federal Credit Union	Personal Loan	X						
	NationsBank, N.A. Dover, DE	Credit Card	X						

Reporting Individual's Name
Peter H. Kostmayer

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American-Israel Friendship League	1/24/91	One-way airfare from Washington to New York City and dinner (speech)	
Gowron International	6/27-30/ 1991	Air from Washington to Lisbon, Portugal to Phila., lodging and food (speech)	
Human Rights Campaign Fund	11/16-17 1991	Roundtrip airfare from Philadelphia to Detroit, lodging (speech)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Peter H. Kostmayer

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Member of Board & Public Advisory Committee	Population Institute

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Peter H. Kostmayer	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

JON LLEWELLYN KYL
(Full Name)

U.S. House of Representatives — 225-3361
(Mailing Address) — Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives — State District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Jennings, Strouss & Salmon	Equity payments (See Part IX)	$7,924

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Reporting Individual's Name
Jon Llewellyn Kyl

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Cash Managers Association, Phoenix, AZ	Speech	4/4/91	$200

Reporting Individual's Name: Jan Llewellyn Kyl

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock			X								X								X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X								X								
JT	Bank of America				X										X						X									
JT	Sovran Bank			X											X						X									
JT	PaineWebber Equity Partners 2, LP					X												P'ship income			X									
JT	PaineWebber Master Global Mutual Fund			X									X									X								X
JT	PaineWebber Geodyne Energy Income Ltd. Partnership					X												P'ship income				X								
JT	Carefree-60th St. Property Real Estate Ltd. Partnership					X													X											

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name
Jon Llewellyn Kyl

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Pima Road-Pinnacle Peak Real Estate Ltd. Partnership			X															X									
JT	Flagstaff-Kachina Real Estate Ltd. Partnership			X															X									
JT	Northern Village Shopping Center Real Est. Ltd. P'ship			X														P'ship income			X							
JT	Boettcher 1981-82 Natural Gas Drilling Ltd. Partnership		X															"			X							
JT	Unimproved 1-acre lot, Greer,AZ		X																X									
	Jennings, Strouss & Salmon Restated Profit Sharing Plan (Keough & IRA)	Full cash assessed value $20,040				X						X		X	X			P'ship income							X			
JT	Energy Partners Oil & Gas Ltd. Partnership		X																X									
	Silver (bag)			X															X									

Reporting Individual's Name
Jon Llewellyn Kyl

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	PaineWebber Master Global Fund		X		7/31/91	X						

Reporting Individual's Name: Jon Llewellyn Kyl

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H OVR $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Jon Llewellyn Kyl

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Phoenix International Raceway Phoenix, AZ	Kachina doll	$180
Simpson Race Products Torrance, CA	Autographed driving helmet	$155

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute	3/14-16	Roundtrip bus/train from Wash. DC to Princeton, NJ; 2 days food/lodging for self and spouse	
United Jewish Appeal	4/28-29	Air travel from Phoenix, AZ to Los Angeles, CA, L.A. to Wash. DC and one day food/lodging	
Aspen Institute	8/23-31	Roundtrip air travel from Wash. DC to Budapest, Hungary; 8 days food/lodging for self and spouse	
St. Joseph's Hospital and Medical Center	9/21	Roundtrip air travel from Phoenix, AZ to Flagstaff, AZ for self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Jon Llewellyn Kyl

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Director	Crime Victim Foundation
Board of Advisors	The Center for Security Policy

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
12/31/86	Jennings, Strouss & Salmon	Former law partner withdrawal rights, payable over 5 years, beginning 1987

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jon Kyl	May 15, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(12)

HAND DELIVERED

John J. LaFalce
(Full Name)

2367 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Telephone 202-225-3231

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 32	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
John J. LaFalce

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
National Association of Home Builders	Speech	1/21/91	$2000.00
Geneseo School of Business	Speech	2/4/91	$500.00
American Bankers Association	Speech	2/16/91	$2000.00
Consumer Bankers Association	Speech	2/25/91	$2000.00
Institute of International Bankers	Speech	2/26/91	$2000.00
International Financial Conference	Speech	3/26/91	$2000.00
National Realty Committee	Speech	4/17/91	$2000.00
National Council of Savings Institutions	Speech	5/6/91	$2000.00
National Forest Products	Speech	5/7/91	$2000.00
International Franchise Association	Speech	5/22/91	$2000.00
New York State Bankers Association	Speech	6/15/91	$2000.00
Canada-U.S. Business Association	Speech	6/17/91	$2000.00
American Insurance Association	Speech	7/12/91	$1000.00
Deloitte Touche	Speech	9/26/91	$250.00

Reporting Individual's Name

John J. LaFalce

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples: S	ABC Corporation Stock			X								X								X									X
		George Wash. Credit Union Accounts				X									X								X							
		182 Main Street, Dover, Delaware					X							X								X								
		DEAN WITTER ACCOUNT:																												
		IBM	X										X			X						X								X
		Eastman Kodak	X										X			X						X								X
		Gannett	X										X			X						X								X
		Xerox	X										X								X									X
		Ford Motor Co.	X										X			X						X								X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John J. LaFalce

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Phillip Morris		X										X			X							X						X
Active Assets Money Trust					X							X											X					
General Electric		X										X				X						X						X
MERRILL LYNCH ACCOUNT																												
MIT Series 73 Bond NY				X																		X						
NYC, NY Bonds Ser. A, 8/1/01					X							X										X						
NYC Mutual Water Fin. Auth. Rev. Bond				X															X									
NYC Prams				X															X									
NYS Urban Dev. Bonds					X														X									
NYC Princ. O Cpn.TIGR					X														X									
Convertible Holdings Cap. Shares				X															X									
Cash Management Money Mkt. Fund					X							X											X					

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John J. LaFalce

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	MERRILL LYNCH ACCOUNTS																											
	MIT Series 73 Bond NY			X								X									X							
	ALTA TTS Resh., Part.	X																	X									
	NYC, NY Bond Ser. A, 8/1/01			X								X									X							
	MIT Series 10 NY				X							X									X							
	Cash Management Money Mkt. Fund			X								X									X							
	Franklin NY Tax Free			X															X									
	TIGR Series 23			X															X									
	PRUDENTIAL BACHE ACCOUNT																											
	Mark IV	X										X			X								X					X
	IBM	X										X			X						X							X
	AT & T			X								X								X								
	Money Market Assets					X						X										X						
	Seagate	X										X			X							X						X

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John J. LaFalce

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
DEAN WITTER ACCOUNT - SEP																											
Eastman Kodak		X										X			X						X						X
Templeton Global Opp.				X								X								X							
Liquid Assets						X						X										X					
MERRILL LYNCH ACCOUNT - IRA																											
TIGR Series 9				X															X								
CATS Series S				X															X								
Eastman Kodak		X										X			X						X						X
Retirement Reserve Money Market				X								X								X							
MERRILL LYNCH - IRA (Spouse)																											
TIGR Series 9				X															X								
CAT Series S				X															X								
Eastman Kodak		X													X						X						X
Retirement Reserves Money Market				X																X							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John J. LaFalce

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Colonial Manor Cond, W. Seneca, NY				X								X										X					
M & T Bank				X									X									X					
Congressional Federal Credit Union			X								X								X								

Reporting Individual's Name
John J. LaFalce

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Upjohn		X		2-19-91	X						
	Ford Motor Co.		X		2-19-91	X						
	General Electric		X		2-26-91	X						
	Phillip Morris Co.		X		2-26-91	X						
	Seagate		X		2-19-91	X						
	Mark IV		X		2-26-91	X						
	IBM		X		2-26-91		X					
	Gannett		X		2-19-91	X						
	Xerox		X		2-19-91	X						
	Eastman Kodak		X		2-26-91	X						

Reporting Individual's Name
JOHN J. LaPALCE

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

Reporting Individual's Name: John J. LaFalce

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Assn. of Home Builders (speech)	1/21/91	Round trip airfare from Buffalo to Atlanta and return, one night lodging and meals.	
American Bankers Association (speech)	2/15-18 1991	Round trip airfare from Buffalo to Palm Beach, FL and return, three nights lodging and meals, for self and dependent son.	
Consumer Bankers Association (speech)	2/25/91	Roundtrip airfare from Buffalo to New Orleans, LA and return, one night lodging and meals.	
International Financial Conference (speech)	3/24-27	Roundtrip airfare from Buffalo to San Juan, Puerto Rico, three nights lodging, and meals for self and dependent son.	
National Council of Savings Instit. (speech)	5/6/91	Round trip airfare from Buffalo to Fort Myers, FL and return, one night lodging and meals.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: John J. LaPalce

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
New York State Bankers Association (speech)	6/14-16 1991	Two nights lodging and meals for self and spouse, Cooperstown, NY	
Carborundum (speech)	9/19-21 1991	Roundtrip airfare for self and spouse, Buffalo, NY to Chicago and return.	

Reporting Individual's Name
JOHN J. LaFALCE

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Trustee	Rev. A. Joseph Bissonette Memorial Foundation
Trustee	Canisius College

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John J. LaFalce	5/15/92

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(10)

92 . 15 PM 1:01

ROBERT J. LAGOMARSINO
(Full Name)

2332 Rayburn H. O. B.
(Mailing Address)

Washington, D. C. 20515 — Telephone (202) 225-3601

HAND DELIVERED

Filer Status	XX Member of the U.S. House of Representatives	State California District 19th	Officer or Employee	Employing Office
Report Type	XX Annual (May 15)	Amendment	Termination	Termination Date

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of California Legislator's Retirement System (not subject to outside earned income limit)	Legislative Pension	$3,762.00
	Director, Lagomarsino, Inc. (SPOUSE)	Director fees	$250.00

2300

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Congressman Lagomarsino

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	Transaction (X)
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X									X						
		Bank of America-Cash Maximizer bank account					X								X										X				
		Security Pacific Bank-Cash Maximizer bank account				X									X									X					
		Bank of America - checking account			X										X					X									
		Security Pacific Bank - checking					X								X							X							
		Home Federal (CD) Bank Account						X							X										X				
		California Federal - Bank Account (CD)						X							X										X				

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CONGRESSMAN LAGOMARSINO

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
D. Witter/Sears Liquid Asset Fund		X								X								X									
D. Witter/Sears Liquid Asset Fund (IRA)				X						X										X							
Lagomarsino Citrus Partnership							X			X	X	X											X				
L&L Citrus Partnership					X							X	X									X					
Lagomarsino's Partnership						X					X	X									X						
Central Bldg. Partnership					X						X						X										
Mineral Rights		X														royalty					X						
Lagomarsino's, Inc. (Stock)							X			X													X				
Ventura Realty (Stock)						X				X									X								
Solimar Beach Trust		X										X							X								
Lagomarsino Voting Trust #1 (from the estate of EJ Lagomarsino)							X			X											X						
Ventura Realty Stock																											
American Commerical Bank Stock																											
Lagomarsino Voting Trust #2 (from estate of EJ Lagomarsino)						X				X											X						
Salinas Land Co. Stock																											

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
CONGRESSMAN LAGOMARSINO

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Lagomarsino's Inc. Stock																											
**Robert J. Lagomarsino Trust								X				X												X			
**Trust established by the estate of Nilda Lagomarsino. I am an income beneficiary only																											
Salinas Land Co. stock																											
Ventura Realty stock																											
Bank of America stock																											
GTE Corp. Stock																											
IBM stock																											
Americorp stock																											
Merck & Co. stock																											
Occidental Petroleum Stock																											
Keystone Custodial Fund																											
Time Warner stock																											
South Bell Tele Bond																											

2 (Form A)

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CONGRESSMAN LAGOMARSINO

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		I None	II Less than $201 - $200	III $201 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Trust #2 continued																										
So. Cal. Edison Bond																										
P/W RMA Money Market																										
P/W Global Fund																										
Phillips Petroleum Royalty, Interest																										
Single Family Dwelling																										
Woodman Life		X									X								X							
Interstate Bank Bancorp			X								X							X								
Loan to the Committee to Re-elect Congressman Lagomarsino			X										X				X									
Amerada Hess Corp																royalty				X						
Congressman Federal Credit Union (checking account)		X											X					X								

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Reporting Individual's Name
CONGRESSMAN LAGOMARSINO

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				
	House - Durango, Colorado		X		12/18/91				X			
	Land - Tulare, California		X		8/14/91	X						

Reporting Individual's Name

CONGRESSMAN LAGOMARSINO

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Lagomarsino's, Inc.	Loan to pay estate taxes Estate of Emilio J. Lagomarsino					X		

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Reporting Individual's Name

CONGRESSMAN LAGOMARSINO

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NAMI Annual Convention	July 6-8	(guest speaker) Air travel, lodging and transportation from S. Barbara to SFrancisco	
NAMI Annual Convention	July6-9	(spouse) round-trip air travel from S. Barbara to S.Francisco lodging and transportation	
National Republican Institute for International Affairs	Aug.4-13	Airfare, Washington,D. C. to Ulan Bator to Los Angeles	
Federation of Mayors for Puerto Rico	March 1-3	Round-trip airfare from Washington, D. C. to San Juan, meals, lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name

CONGRESSMAN LAGOMARSINO

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Director	Lagomarsino's Inc. (Spouse)
Chairman of the Board	National Republican Institute on International Affairs (non-profit)
** See Attachment for additional positions	

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE X

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No X NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No X NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Robert J. Lagomarsino

DATE (Month, Day, Year): May 15, 1992

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**

PART VIII POSITIONS (Continued)

POSITIONS	NAME OF ORGANIZATION
Partner	Lagomarsino's
Partner	Lagomarsino Citrus
Partner	L&L Citrus
Partner	Central Building Partnership

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(1)

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HAND DELIVERED

H. Martin Lancaster
(Full Name)

1417 Longworth House Office Building (202) 225-3415
(Mailing Address) Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State NC District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Northern Virginia Community College	Spouse Salary	NA
	Montgomery College	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

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Reporting Individual's Name
H. Martin Lancaster

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Tobacco Institute, Washington, D.C.	Speech	Jan. 16-18,'91	$2,000.00
Armed Forces Marketing Council, Washington, D.C.	Speech	Feb. 10-12,'91	$1,000.00
American Logistic Association, Washington, D.C.	Speech	Jul. 18-20,'91	$2,000.00
Phillip Morris Company, Washington, D.C.	Speech	Dec. 12-15,'91	$2,000.00
Textron Corporation, Washington, D.C.	Speech	Mar. 27, '91	$1,000.00
Armed Forces Marketing Council, Washington, D.C.	Speech	Jun. 25, '91	$1,000.00
International Military Community Executives Association, Alexandria, VA	Speech	Nov. 5, '91	$1,000.00

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Reporting Individual's Name
H. Martin Lancaster

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) None	I Less than $201 – $201 – $1,000	II $1,001 – $2,500	III $2,501 – $5,000	IV $5,001 – $15,000	V $15,001 – $50,000	VI $50,001 – $100,000	VII $100,001 – $1,000,000	VIII over $1,000,000	IX	Block D Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	162 Main Street, Dover, Delaware					X							X									X							
	Briarwood Investments (1/4 interest - my equity shown)						X					X								X									
S	1st Union National Bank			X										X					X										
	1st Financial Savings & Loan			X										X						X									
	Branch Bank & Trust (checking)			X															X										
S	State Employees Credit Union			X										X						X									
	Wright Patman Congressional Credit Union				X									X						X									

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: H. Martin Lancaster

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income										BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Matheny Motor Company			X								X									X							
S	Nationwide Insurance Company			X															X									
S	Exxon				X							X									X							
	New East Bank (Stock)			X															X									
	1/2 interest in lot at Bald Head Island, NC				X														X									
DC	Citizens Federal Savings	UNKNOWN														X												
DC	Branch Bank & Trust	UNKNOWN														X												
DC	Citizens Federal Savings	UNKNOWN														X												
DC	1st Citizens Bank & Trust	UNKNOWN														X												
	1st Financial Savings & Loan/IRA				X							X										X						
S	Employees Credit Union, NC/IRA			X								X							X									
	1st Financial Savings & Loan (Stock)			X															X									
S	NC School System- Retirement				X							X							X									

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Reporting Individual's Name
H. Martin Lancaster

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

H. Martin Lancaster

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	1st American Savings & Loan	Mortgage on Briarwood Investments property, Berkeley Blvd., Goldsboro, NC				X			
	East Coast Savings & Loan	Against Briarwood Apts.		X					
	BB&T	Against Briarwood Apts.		X					

Reporting Individual's Name: H. Martin Lancaster

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Tobacco Institute	Jan. 16-18, '91	Roundtrip air from Wash. DC to Palm Springs, 2 days food and lodging.	
Armed Forces Marketing Council	Feb. 10-12, '91	Roundtrip air from Wash. DC to Orlando, Fla, 2 days food and lodging.	
Associated General Contractors of America	Mar. 14-18, '91	Roundtrip air from Wash. DC to Hawaii, self and spouse 4 days food and lodging.	
American Logistics Association	Jul. 18-20, '91	Roundtrip car transportation from Wash. DC to Williamsburg, VA, 3 days food and lodging, self and spouse	
Far East Policy Studies Instit. USIA Mutual Educational & Cultural Exchange Act	Aug. 13-26, '91	Roundtrip car from Wash. DC to China, self and spouse, 13 days food and lodging (including travel time)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: H. Martin Lancaster

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
American Logistics Association	Oct. 30, '91	Annual meeting, Washington, D.C. - No Expenses.	
Phillip Morris Corporation	Dec., 12-15, '91	Roundtrip air from Wash. DC to New York, self and spouse, 3 days food and lodging.	
Armed Forces Marketing Council	Jun. 25, '91	Roundtrip air from Wash. DC to Norfolk, VA, meal only.	

Reporting Individual's Name
H. Martin Lancaster

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Partner	Briarwood Investments (Owner of rental apartment units)
Director	Wayne Implement Corporation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☒ No ☐ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
H. Martin Lancaster	May 13, 1992

GPO 1991 50-297 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . . 14 . . 96 (7)

HAND DELIVERED

Thomas Peter Lantos
(Full Name)

1526 Longworth HOB
(Mailing Address)

Washington, DC 20515 — Telephone (202) 225-3531

Filer Status	X Member of the U.S. House of Representatives	State ____ District ____	Officer or Employee	Employing Office ____
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date ____

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	California Teachers Association	Pension	$11,168.28
	State of California Public Systems	Pension	$10,684.40

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Tom Lantos

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X								X								
			182 Main Street, Dover, Delaware						X						X										X							
	Merrill Lynch Cash Managmt Acct									X				X												X						
	Keogh Retirement Acct (M-L)								X											X												
	IRA--Self (Merrill-Lynch)						X													X												
	IRA--Spouse (Merrill-Lynch)						X													X												
	San Mateo County property										X				X					X												

For additional assets and unearned income, use next page

2220

Reporting Individual's Name

Tom Lantos

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Tom Lantos

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

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Reporting Individual's Name: TOM LANTOS

PA[illegible] ANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Human Rights Foundation	1/4-9, 1991	Spouse, legislative conference, Airfare from Wash., DC, to London and return	
Congressional Human Rights Foundation	2/6-11, 1991	Spouse, human rights fact-finding, airfare from Wash., DC, to Tel Aviv to Stockholm.	
Jefferson Educational Foundation	3/28-4/6, 1991	Self, spouse, South Africa fact-finding, airfare from Wash., DC, to _____, SA & return, 4 days meals lodging	
Aspen Institute for Humanistic Studies	4/1-5, 1991	Self, spouse, Capetown, SA conference, 2 days meals	
Simon Wiesenthal New Leadership Society	4/28/91	Self & Spouse, NYC speech, airfare from Wash., DC, to NYC and return, taxi, 1 day food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Tom Lantos

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Committee for Accuracy in Middle East Reporting	6/10-11	Self, Boston speech, airfare from Washington, DC, to Boston and return, one day food and lodging	
Mormon Tabernacle Choir	6/14-17, 1991	Spouse, intnl. convocation, airfare from Wash., DC, to Budapest to Wash., DC, 4 days food and lodgang	
Emmes Foundation-United Nations Assn.	7/11-12, 1991	Self & spouse; airfare from Wash., DC, to NYC to Wash., DC, one day food and lodging	
Aspen Institute	8/24-30, 1991	Self & spouse, conference on Sov Union & Central & E. Europe, airfare Wash DC-Budapest-Wash DC, 6 days food & lodging	
Congressional Human Rights Foundation	8/31-9/8/91	Self & spouse, human rts fact-finding in Cent. & E. Europe, 7 days food, lodging, auto expenses	
Manchester Jewish Federation	10/6/91	Self & spouse, Manchester, NH, speech, airfare from Wash DC, to Manchester to Wash., DC, 2 days lodging	
Los Angeles Jewish Federation	11/3/91	Self & spouse, L.A. speech, airfare from Boston to Los Angeles to Boston, one day food and lodging	
Keren-Or Center for Multi-Handicapped Blind Children	11/24-25, 1991	Self & spouse, NYC speech, trainfare from Wash., DC to NYC to Wash., DC, one day food and lodging	
United Hungarian & Transylvanian Charities	12/12-21, '91	Self & spouse, keynote address, combined charitable and fact-finding mission to state and church-related agencies in Romania and Hungary, airfare from Wash DC to Budapest to San Francisco, 7 days food and lodging	

Reporting Individual's Name
Tom Lantos

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [ ] NA [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Tom Lantos	May 14, 1992

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

LARRY LAROCCO
(Full Name)

1117 Longworth House Office Building
(Mailing Address) Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	X	Member of the U.S. House of Representatives	State Idaho District First	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Bryce Harlow Foundation, Washington, D.C. - Executive Director	Spouse Salary	NA
	Boise Ind. School District No. 1	Spouse Salary	NA
	CTSI (Computer Technology Services Inc.), Consultant	Spouse Salary	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Larry LaRocco

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500

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Reporting Individual's Name
LARRY LAROCCO

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X								X								
			182 Main Street, Dover, Delaware					X							X									X								
JT	MFS MUNICIPAL INCOME TRUST					X								X					Tax-Free			X										
JT	MFS Multi MARKET INCOME TRUST					X								X									X									
JT	PHOENIX CONVERTIBLE FUND SERIES					X								X			X					X										
	CD w/Aunt in Rancho Cucamongo, Ca Valley Federal Savings and Loan						X						Income to Aunt																			
	CD w/Uncle in Hemet, Ca (Uncle is American Savings Bank Trustee)							X					Income to Uncle																			
S	BENEFICIAL INT/Shareholder Cloudcroft Farms, Wilder, ID							X						X										X								

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Larry LaRocco

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
JT	3/5 Acre, Bareland, Rio Vista Subdivision, McCall, Id			X															X										
S	Rollover IRA - Spouse			X															X										
	IRA - Larry LaRocco		X																X										
S	IRA - Spouse		X																X										
	Profit Sharing/401 K Plan Piper Jaffray Company			X															X										
	Shearson Lehman Brothers, Inc. Vested Retirement, Present Value			X															X										
	Piper Jaffray Company ESOP		X																X										

Reporting Individual's Name
LARRY LAROCCO

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

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Reporting Individual's Name

Larry LaRocco

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	KEY BANK OF IDAHO	SECURED LOAN		X		(SATISFIED)			
	KEY BANK OF IDAHO	UNSECURED LOAN		X		(SATISFIED)			
	KEY BANK OF IDAHO	UNSECURED LOAN	X			(SATISFIED)			
	KEY BANK OF IDAHO	SECURED LOAN			X				

Reporting Individual's Name
Larry LaRocco

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Public Securities Association		Apr 26-28 1991	Roundtrip Air from Wash.D.C. to Greenbrier, WV, 3 days food, lodging, self and spouse	
Chinese National Ass'n Industry and Commerce		Aug 3-9 1991	Roundtrip Air from Wash.D.C. to Taipei, 7 days food/lodging self/spouse	
Hecla Mining Co.		Aug 17-20 1991	Air travel Coeur d'Alene,ID to Ketchikan, AK,Juneau,Lewiston,ID food/lodging/entertainment self/son	
Cong. Charity Golf Tournament National Institute of Health		Sept 6-8 1991	Bus travel from Arlington, VA to Greenbrier/food/lodging entertainment / self	
Public Securities Association		Sept 30-Oct 1 1991	Roundtrip Air from Wash.D.C. to NYC, 1 day, food/lodging self/spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Larry LaRocco

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
Larry LaRocco

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Larry LaRocco	May 14, 1992

FORM A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

(Full Name) LARRY LAROCCO

(Mailing Address) 1117 Longworth House Office Building

Washington, D.C. 20515 Telephone

Filer Status	X Member of the U.S. House of Representatives	State Idaho District First	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	X Amendment	Termination	Termination Date

(Office Use Only)

HAND DELIVERED

MC

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Bryce Harlow Foundation, Washington, D.C. - Executive Director	Spouse Salary	NA
	Boise Ind. School District No. 1	Spouse Salary	NA
	CTSI (Computer Technology Services Inc.), Consultant	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Larry LaRocco

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name
Larry LaROCCO

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock				X								X									X							X
	Examples: George Wash. Credit Union Accounts					X									X								X						
	Examples: 182 Main Street, Dover, Delaware						X							X									X						
JT	MFS MUNICIPAL INCOME TRUST				X								X						Tax-Free			X								
JT	MFS Multi MARKET INCOME TRUST				X								X										X							
JT	PHOENIX CONVERTIBLE FUND SERIES				X								X			X						X								X refer to A 3
	CD w/Aunt in Rancho Cucamonga, Ca Valley Federal Savings and Loan					X						Inc. to Aunt																		
	CD w/Uncle in Hemet, CA (Uncle is American Savings Bank Trustee)						X					Inc. to Uncle																		
S	BENEFICIAL INT/Shareholder 33 shares Cloudcroft Farms, Wilder, Id							X					X											X						

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Larry LaRocco

SDCJT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK D Transaction (X)
JT	3.5 Acre, Bareland, Rio Vista Subdivision, McCall, Id			X															X											
S	Rollover IRA - Spouse attachment			X															X											
	IRA - Larry LaRocco attachment			X															X											
S	IRA - Spouse attachment			X															X											
	Profit Sharing/401 K Plan Piper Jaffray Company				X														X											
	Shearson Lehman Brothers, Inc. Vestal Retirement, Present Value				X														X											
	Piper Jaffray Company ESOP			X															X											

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LAST 1,000,000

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	PHOENIX CONVERTIBLE FUND SERIES	X			Bought shares periodically in 1991 in increments less than $1,000							

PART V—LIABILITIES

Larry LaRocco

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St, Dover, Del				X			
JT	KEY BANK OF IDAHO	SECURED LOAN		X		(SATISFIED)			
	KEY BANK OF IDAHO	UNSECURED LOAN		X		(SATISFIED)			
	KEY BANK OF IDAHO	UNSECURED LOAN	X			(SATISFIED)			
	KEY BANK OF IDAHO	SECURED LOAN			X				

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PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Larry LaRocco

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Public Securities Association	Apr. 26-28 1991	Roundtrip Air from Wash.D.C. to Greenbrier, WV, 3 days food, lodging, self and spouse	
Chinese National Ass'n Industry and Commerce	Aug 3-9 1991	Roundtrip Air from Wash.D.C. to Taipei, 7 days food/lodging self/spouse	
Hecla Mining Co.	Aug 17-20 1991	Air travel Coeur d'Alene, ID to Ketchikan, AK, Juneau, Lewiston, ID food/lodging/entertainment self/son	
Comp. Charity Golf Tournament National Institute of Health	Sept 6-8 1991	Bus travel from Arlington, VA to Greenbrier/food/lodging entertainment / self	
Public Securities Association	Sept 30-Oct 1 1991	Roundtrip Air from Wash.D.C. to NYC, 1 day, food/lodging self/spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Larry LaRocco

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Larry LaRocco

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Larry LaRocco

DATE (Month, Day, Year) May 14, 1992

GPO : 1991 - 50-287 (m)

Rsh

PARTS 11 and III - Assets and "Unearned" Income
ATTACHMENT

S IRA- Rollover Valuation C
Cash Under $1,000
Shares: 300 Pacific Corp
4,000 Intel Corp 0% CPN due 5/15/95
3,000 Sears Roebuck 6% 5/1/2000
3,000 Norwest Corp 7.75% matures 3/3/2003

IRA Valuation B
Shares: 150 Shares GV Medical
200 Shares Westwood One
9,000 U.S. Coupon Treasury Strip 0%
due 2/15/2006
Cash : Under $500

S IRA Valuation B
Shares: 1,139 Franklin Income
1,000 Units EF Hutton Corp. High Yield #4
4 Silver Screen Partners, Limited Partnership
Cash : Under $1000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(10)

Gregory Haines Laughlin
(Full Name)

P. O. Box 504
(Mailing Address)

Telephone

West Columbia, Texas 77486

HAND DELIVER

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 14th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Griggs, Griggs and Laughlin Law fees earned from 1985-88 but collected in 1991	Law Fee	$42,496.45

For payments to charity in lieu of honoraria, use next page.

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Reporting Individual's Name

Gregory Haines Laughlin

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
S		Super 8 Motel Limited		X									X									X								
S		Brazoria Rent House				X									X									X						
		West Columbia National Bank			X											X						X								
		Super 8 Motels			X								X								X									
		Unimproved 13.66 acres: Damon Highway, Tx. 35% Interest					X										X			X										
		Unimproved 18 acres, Bernard River, Tx. 33% interest			X												X			X										

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Gregory Haines Laughlin

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S DC JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Brazoria Rent House, Brazoria, Tx					X								X							X								
Partnership Interest				X											X				X									
Plaza Partners Banc Texas				X											X				X									
Eugene Island, Inc.			X												X				X									
501 East Bernard St. West Columbia Tx.						X							X												X			

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Reporting Individual's Name: Gregory Haines Laughlin

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 over
Example	ABC Corporation Common Stock	X			10-12-90			X				

Page ___ of ___

Financial Disclosure A-3

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Reporting Individual's Name
Gregory Haines Laughlin

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Banc Texas, Houston, Tx	Promissary Note		X					
	West Columbia National Bank, W.C. Tx.	Personal Note		X					

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Reporting Individual's Name: Gregory Haines Laughlin

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Texas Assoc. of Defense Council	May 4,91	one nights lodging in Williamsburg, Va.	
Foreign Policy Institute	May 25-26	Reimbursement for round trip train tickets, meals and ~~lodging for myself and spouse.~~	
		Reimbursement was from Washington, D.C. to New York City.	
Texas Chapter of The Assoc. of General Contractors	June 14-15	Reimbursement for roundtrip airfare, one night lodging and two days meals in Orlando, Fl for myself and son.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Gregory Haines Laughlin

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
The Jewish Federation of Greater Houston	Aug 8-19	Reimbursement for roundtrip airfare from Houston to Tel Aviv, Israel to London, and London to Washington for myself and spouse. Six nights lodging and meals for myself and spouse in Israel. From August 15 - 19 I conducted Public Works and Transportation Committee work in London England. (See Attached)	
British Petroleum Corporation	Aug 27-29	Reimbursement for roundtrip airfare from Washington to Anchorage, Alaska, three nights lodging, and meals for myself and daughter.	
Gulf Intracoastal Canal Assoc	Sept 11-12	Reimbursement for roundtrip airfare from Washington to Baton Rouge, one night lodging and meals for self.	
American Waterworks Assn.	Oct, 14	Reimbursement for roundtrip airfare and one night lodging from Washington to Houston for self.	
Guadalupe Valley Electric Cooperative	Nov. 8-12	Reimbursement for roundtrip from Washington to Taiwan, one night lodging in San Francisco and two nights lodging and meals in Taipai, Taiwan.	

Reporting Individual's Name: Gregory Haines Laughlin

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [ ]

Date	Parties To	Terms of Agreement
Nov. 1988	Wes Griggs	Oral agreement that I may return to the family law firm upon leaving Congress.

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Greg Laughlin	May 14, 1992

GPO : 1991 : 50-267 (m)

PROPOSED ITINERARY

(as of 4:00pm - 8/6/91)

THURSDAY, AUGUST 15:

12:00pm	- depart Tel Aviv, Israel for London, England on El Al Flight #315
3:05pm	- arrive London England/Heathrow
	- - met by Gary Larson, U.S. Embassy London, Maritime Officer (Control Officer)
	- - delegation consists of: Rep. Laughlin and wife Virginia (Ginger); Mr. Larry Wadler and wife Gerri

FRIDAY, AUGUST 16:

AM	- breakfast in hotel
9:00am	- Rep. Laughlin and Larry Wadler depart hotel via U.S. Embassy sedan for U.S. Embassy London
	- separate spousal program
9:30am	- arrive U.S. Embassy
	- - meeting with officials from the U.S. Embassy
	- - - Maritime Attache
	- - - Science Officer
	- - - Political Officer
10:00am	- meeting with U.S. Ambassador to United Kingdom
10:40am	- depart U.S. Embassy for International Maritime Organization (IMO) via U.S. Embassy sedan
11:00am	- meeting with Mr. Sonoda Ryoichi, Legal Officer, International Oil Pollution Compensation Fund (IOPC)

FRIDAY, AUGUST 16:

12:00pm	- meeting with Mr. Leif Andren, Senior Technical Advisor, Maritime Environmental Division (MED), London Dumping Convention (LPC)
1:00pm	- lunch
1:30pm	- depart IMO for London Westminster pier via U.S. Embassy sedan
	- - spouses to join
2:15pm	- arrive Westminster pier
2:30pm	- depart pier for Thames Barrage pier
	- - briefing conducted on boat trip
4:30pm	- arrive Thames Barrage pier
4:45pm	- depart Thames Barrage pier for Westminster pier
	- - briefing conducted on boat trip
6:00pm	- arrive Westminster pier
6:10pm	- depart Westminster pier for hotel via U.S. Embassy sedan

SATURDAY, AUGUST 18:

AM/PM	- meetings with U.S. and British government officials
	- - Surface Transportation and Water Resources issues

SUNDAY, AUGUST 19:

AM	- church services
PM	- TBA

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(14)

HAND DELIVERED

Jim Leach (Full Name)	
1514 Longworth House Office Building (Mailing Address)	Telephone
Washington, D.C. 20515	
Filer Status	[X] Member of the U S House of Representatives — State Iowa District First; [ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [XX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N.A.		

For payments to charity in lieu of honoraria, use next page

2255

Reporting Individual's Name
Jim Leach

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	N.A.			

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Reporting Individual's Name

Jim Leach

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)													Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X									X									X
			George Wash. Credit Union Accounts			X									X									X							
			182 Main Street, Dover, Delaware					X						X									X								
	Adel Wholesalers										X		X																X		
	Air Wisconsin					X																									Sold
	F.C.I. Inc.			X																											
	Leach Family Farms						X						X											X							
	Leach Realty				X																										
	Mehta Tech, Inc								X																						

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Jim Leach

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
		Foxley Cattle								X																			
		Foxley Real Estate Inc.				X																							
		W.C. Foxley Trust					X																						
		IPM Technology-Mer., Arc Group						X				X															X		Sold
		Carera Foxley Leach Gallery					X																						
		Oppenheimer		X											X					X										
		Adams Express		X																									
		Wyoming Mineral Rights			X																								
		Stampings, Inc.					X																						Sold
		Lois Hill Leach Trust (see attachment)								X																			
		James A. Leach Trust (see attachment)								X																			
		Merrill Lynch CMA						X						X							X								
		Merrill Lynch Retirement Acct.			X																								

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Jim Leach

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT Attachment	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
The James A Leach Trust includes stock only in closely held family corporations -- Adel Wholesalers, Leach Family Farms, Stampings, Inc, and Mehta Tech, Inc.--which are of beneficial interest to Rep. Leach and his children. Values are reflected above.																											
The Lois Hill Leach Trust includes the following which are of beneficial interest to the children of Rep. Leach and the children of Rep. Leach's deceased brother:																											
State Univ. of Iowa Bond				X									X									X					
Cedar Rapids Iowa Bond				X									X								X						
Des Moines, Iowa Urb'n Ren'l Bond					X								X								X						
State Univ. of Iowa Bond					X								X									X					
Iowa State Univ. Bond					X								X									X					
Oxford Tax Exempt Fund Ltd. Prt.				X																							
IMB Inc. Properties				X																							
The Athena Fund LP			X																								
ML Techn. Vent. LP				X																							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Leach

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	II $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Attachment, continued.																												
	Acuson Corp.			X																									
	Ameritech Corp.			X								X									X								
	AT&T			X								X									X								
	Am. Water Works		X									X									X								
	Archer Daniels Mid.				X							X								X									(Sold 1992)
	Bell Atlantic			X								X										X							
	Bell South		X									X									X								
	Boeing			X								X									X								
	Domtar		X																										
	EMC Insur.			X								X										X							
	FPL Group		X									X									X								
	Fisher Price		X									X																	
	GAIX Corp.			X								X									X								
	Iowa Ill. Gas and Electric		X									X									X								
	Kansas City Power and Light		X									X									X								

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Jim Leach

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Attachment continued.																											
Lee Ent.				X							X									X							
Nestle				X							X									X							
NYNEX				X							X									X							
Pacific Telesis				X							X										X						
Quaker Oats				X							X									X							
Regal Beloit				X							X									X							
Sara Lee				X							X									X							
Southwestern Bell				X							X										X						
SYSCO Corp				X							X									X							
TOYS R US				X																							
US West Inc.				X							X									X							
UPJOHN CO.			X								X									X							
Templeton World Fund					X						X										X						
XERA Corp.				X							X									X							SOLD

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Leach

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	Attachment continued	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000 over $1,000,000		DIVIDENDS	RENT*	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000	
	The children of Rep. Leach hold separately the																									
	following publicly traded stocks:																									
	Air Wisconsin			X							X									X						
	Domtar			X							X									X						
	Singapore Airlines			X							X									X						

2 (Form A)

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Reporting Individual's Name

Jim Leach

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90		X					
	IPM Mercury Air Group		X		~ 5-1-91		X					
	Air Wisconsin		X		~ 5-1-91		X					

Reporting Individual's Name

Jim Leach

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE XXX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	N.A.								

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Reporting Individual's Name: Jim Leach

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [XX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
N.A.		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Parliamentarians for Global Action New York-Executive Committee Meeting-Impaid	Jan. 6 & 7	Roundtrip air from Wash.D.C. to New York, lodging and food.	
Marthburg College, Waverly, Iowa-speech	Jan 18&19	Roundtrip air from Wash. D.C. to Waterloo, Iowa - lunch	
20th Century Fund -non-profit Foundation Board Meeting New York	Feb7&8	Roundtrip train ticket from D.C. to N.Y. lodging, food, spouse, self	
Luther College-Decorah, Iowa speech	Feb.22&23	Roundtrip air from Wash.D.C. to Decorah, Iowa, lodging, food.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
Jim Leach

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Republican Leadership Conference Princeton, N. J. conference	March 14-16	Roundtrip train trip to Princeton, N.J.lodging-food,spouse-self	
20th Century Fund,non-profit Foundation Board Meeting New York	April 26-28	Roundtrip air from D.C. to Napa Valley, California, Lodging,meals spouse-self	
North Carolina Alliance Community Financial Institutions Raleigh, N.C. speech	May 5&6	Flew from D.C. to Roanoke, Va. and traveled by car back to to D.C. Lodging/food.	
Cascade Conference/91 Seattle, Wash. speech	May 17&18	Roundtrip air fare Wash.D.C.-Seattle, Wash. Lodging/meals	
Parliamentarians for Global Action N.Y. Executive Committee Meeting-unpaid	June 14	Air fare from Washington, D.C-New York, Davenport, Iowa	
International Credit Union Forum Madison, Wisconsin speech	June 17	Air fare Moline, Ill.,Madison, Wisconsin, Washington, D.C.	
20th Century Fund, non-profit Foundation Board Meeting New York	June 20-21	Air fare from Wash, D.C.- New York-Davenport, Iowa Lodging-meal	
Iowa Independent Bankers Okoboji, Iowa speech	July 19&20	Air fare from Wash. D.C.-Minneapolis-chartered plane to Lake Okoboji Minn. return to Iowa City, Iowa Lodging - meal	
American Bar Association Atlanta, Georgia speech	Aug. 11	Roundtrip air travel from Moline, Ill. to Atlanta, Georgia meal	
20th Century Fund non-profit Foundation Board Meeting New York	Oct. 3&4	Roundtrip air fare Washington, D.C.-New York Lodging, meal	
St. Paul Minneapolis Committee on Foreign Relations speech	Oct. 14&15	Air fare-Cedar Rapids, Iowa to Minneapolis-Wash.D.C. Lodging/meals	
Civil Society Conference,National Humanities Reseach Triangle Park, N.C. speech	Nov 21	Roundtrip Air - Washington, D.C.-Raleigh/Durham, N.C. meal	

Reporting Individual's Name: Jim Leach

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Member of the Board (not paid)	Woodrow Wilson School of Princeton University
Vice Chairman of the Board (not paid)	Twentieth Century Fund (a non-profit education foundation)
Member of the Board (not paid)	Iowa Wesleyan College

PART IX – AGREEMENTS

continued on next sheet

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [XX]

Date	Parties To	Terms of Agreement
	N.A.	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): 5/15/92

Part VIII Positions, continued

Position	Name of Organization
Chairman (not paid)	Republican Mainstream Committee
Member of the Board (not paid)	Johns Hopkins University (SAIS) Advisory Bor.
President (not paid)	Parliamentarians for Global Action
Member of the Board (not paid)	Washington International School

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . 15 11 2 73

(10)

Richard Henry Lehman
(Full Name)

1319 Longworth H.O.B.
(Mailing Address)

202-225-4540
Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	X	Member of the U.S. House of Representatives	State CA District 18	☐ Officer or Employee — Employing Office
Report Type	X	Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Richard Henry Lehman

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	California Assoc. of Thrift and Loan Companies	Speech	February 6, 1991	$500.00
	Fireman's Fund Insurance Company	Speech	February 19, 1991	$500.00
	The Washington Caucus	Speech	February 20, 1991	$500.00
	National Cable Television Association	Speech	March 23, 1991	$1,500.00
	The Connell Company	Speech	May 17, 1991	$2,000.00
	Southern California Gas Company	Speech	June 25, 1991	$1,000.00
	American Bankers Association	Speech	October 6, 1991	$2,000.00

Reporting Individual's Name
Richard Henry Lehman

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)										Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	Transaction (X)
S, DC JT	Examples	S ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		162 Main Street, Dover, Delaware					X							X									X						
		Charles Schwabb Money Market Account			X										X							X							
		T.Rowe Price California Tax Free Mutual Fund		X									X								X								X
		Fidelity California Tax Free Mutual Fund		X									X								X								
		University Savings, Fresno, CA		X											X						X								
		Wright Patman Congressional F.C.U.		X											X						X								
		Fidelity Investments (Magellan, Capital Appreciation, Puritan, Freedom Cash Reserves)			X								X		X							X							X

For additional assets and unearned income, use next page

2271

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Richard H. Lehman

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Condominium, Palm Springs, CA				X								X									X							
Promissory note from Jim Bixler and Bill Bixler, Fresno, CA			X											X						X								
(Last years disclosure indicated 3 acres undeveloped property. That property is now the site of my personal residence)																												

2272

Reporting Individual's Name
Richard Henry Lehman

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000+
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Fidelity Investments (Magellan, Capital Appreciation, Puritan, Freedom, Cash Reserves)		X		9-1-91		X					
	T. Rowe Price California Tax Free Mutual Fund		X		9-1-91	UNDER $1,000.00						

2273

Reporting Individual's Name
Richard Henry Lehman

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Fidelity Federal Savings and Laon	Mortgage on Palm Springs Condo.		X					

2274

Reporting Individual's Name
Richard Henry Lehman

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle. 3 days food & lodging, self and spouse	
CA Thrift and Loan Co.	Feb. 6-11 1991	Air Travel from DC to Palm Springs to Fresno and food and lodging	
National Cable TV Assoc.	March 23-27 1991	Air Travel from Fresno to New Orleans to Fresno and food and lodging	
National Assoc. of Broadcasters	April 13-14 1991	Air Travel from Fresno to Las Vegas to DC and food and lodging	
The Connell Company	May 17, 1991	Air Travel from DC to Newark to Fresno	
Electronics Industries Assoc.	June 3-4 1991	Air Travel from Fresno to Chicago to Washington DC and food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

2275

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Richard Henry Lehman

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
American Bankers Assoc.	Oct. 31 1991	Air Travel from Fresno to Oakland to Fresno	

Reporting Individual's Name
Richard Henry Lehman

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions: page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Richard Lehman	

GPO: 1991: 50-267 (m)

Congressman Richard Henry Lehman

Charitable Contributions totaling $8,000.00 were made to:

-Fresno Metropolitan Museum

-Friends of the Fresno County Library

-Valley Public Television

-Danny Thompson Leukemia Fund

-San Joaquin River and Conservations Trust

-Poverello House

-Richard Leakey Kenya Wildlife Service

-Soararsis Endowment Fund

-Sanger High School Roger Stadium Project Group

RICHARD H. LEHMAN
18TH DISTRICT
CALIFORNIA

WHIP AT LARGE

COMMITTEE ON
ENERGY AND COMMERCE

COMMITTEE ON
INTERIOR AND INSULAR
AFFAIRS

CHAIRMAN
SUBCOMMITTEE ON
GENERAL OVERSIGHT AND
CALIFORNIA DESERT LANDS

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, D.C. 20515

1319 LONGWORTH BUILDING
WASHINGTON, D.C. 20515-0518
(202) 225-4540

SUITE 210
2115 KERN STREET
FRESNO, CALIFORNIA 93721-2682
(209) 487-5780

FEDERAL BUILDING, SUITE 218
401 NORTH SAN JOAQUIN STREET
STOCKTON, CALIFORNIA 95202-2003
(209) 946-6263

NORTHTOWN OFFICE COMPLEX
SUITE 111
427 NORTH HIGHWAY 49
SONORA, CALIFORNIA 95370-5626
(209) 533-1426

May 27, 1992

The Honorable Donnald Anderson
Clerk
U.S. House of Representatives
Washington, D.C. 20515

Dear Donn:

Upon review of my 1991 Financial Disclosure Statement I noticed an oversight in Part VII - "Reimbursements" and Gifts of Transportation, Lodging, Meals, Entertainment. The dates of travel for the California Thrift and Loan Company trip should be February 7-11, 1991 not February 6-11, 1991 as is stated on the form.

If you have any questions regarding this matter, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

RICHARD H. LEHMAN
Member of Congress

RHL/jc

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

HAND DELIVERED

MC

(Office Use Only)

Filer Status	☐ Member of the U.S. House of Representatives	State District	☐ Officer or Employee	Employing Office
Report Type	☐ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2280

Reporting Individual's Name

WILLIAM LEHMAN, M. C.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

Reporting Individual's Name

[illegible], M. [illegible]

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X									X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
			[illegible]			X										X								X								
			[illegible]							X						X											X					
			[illegible]						X							X										X						
			[illegible]											X										X								
			[illegible]																													
			[illegible]																													

For additional assets and unearned income, use next page

2282

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
WILLIAM LEHMAN, M. C.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	None	A Less Than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less Than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
[illegible]			X												X								X						Y
[illegible]							X					X												X					
[illegible]			X															none	X										
[illegible]																													
[illegible]			X															none	X										Y
[illegible]																													
[illegible]			X									X									X								X
[illegible]					X													annual				X							
[illegible]		X																benefits						X					

2283

Reporting Individual's Name

[illegible] THMAN, M. [illegible]

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	[illegible]	X			[illegible]	X						
	[illegible]		X		[illegible]	X						
	[illegible]		X		[illegible]	X						

Reporting Individual's Name

WILLIAM TEAGUE, M. C.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles; household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Citizens Bank of Washington, D. C.	[illegible]			X				
	Washington National Bank - [illegible]	[illegible]							

2285

Reporting Individual's Name

WILLIAM LEHMAN, M. C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

22896

Reporting Individual's Name
WILLIAM LEHMAN, M. C.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William Lehman	[illegible]

GPO : 1991 : 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(12)

NORMAN FREDERICK LEVI

Full Name

POST OFFICE BOX A

Mailing Address

Telephone
(Include Area Code)

LAST ROCKAWAY, NEW YORK 11690

Filer Status: [X] Member of the U.S. House of Representatives — State: New York, District: 4th — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

me

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
1)	NYSERS (note: pension income is not subject to outside earned income limit - see instructions, pp 10-11)	Pension	$34,139
2)	NYNEX	Spouse's salary	Not applicable

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

2288

Reporting Individual's Name
NORMAN FREDERICK LENT

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	SEE ATTACHED CONTINUATION SHEET ENTITLED "PART 1-B - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY"			

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HONORABLE NORMAN F. LENT

PART 1B - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

SOURCE	ACTIVITY	DATE	AMOUNT
Rums of Puerto Rico	Speech	11/27/90*	$1,000
Home Shopping Network	Speech	2/21/91	2,000
National Assn. of Independent Insurers	Speech	3/4/91	500
Interstate Natural Gas	Speech	3/21/91	2,000
Casualty & Property 12	Speech	4/11/91	500
Pfizer	Speech	4/18/91	1,000
Investment Program Assn.	Speech	4/19/91	2,000
Coopers & Lybrand	Speech	5/7/91	2,000
Edison Electric Institute	Speech	5/9/91	1,000
Price Waterhouse	Speech	5/13/91	1,000
Philip Morris	Speech	5/13/91	2,000
American Nuclear Energy Council	Speech	5/15/91	1,000
Assn. of American Railroads	Speech	5/24/91	500
Insurance Information Institute	Speech	6/11/91	2,000
Nat'l Food Processors Assn.	Speech	6/12/91	2,000
Interstate Natural Gas Assn.	Speech	6/14/91	2,000
Chemical Specialities Manufacturers Group	Speech	6/19/91	1,000
Nat'l. Paint & Coatings	Speech	7/25/91	1,000
American Frozen Food Institute	Speech	7/30/91	1,000
Grocery Manufacturers Assn.	Speech	7/31/91	1,000
Assn. for Investment Management & Research	Speech	10/16/91	500
McGraw Hill	Speech	10/22/91	500
Health & Life Organization	Speech	11/19/91	500
Bergner, Boyette & Bockorny	Speech	11/21/91	500
Polyisocyanurate Insulation Manufacturers Association	Speech	12/10/91	1,000
Nonprescription Drug Manufacturers Assn.	Speech	12/10/91	1,000

* Travel details reported on 1990 Financial Disclosure Report.

TOTAL PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY $30,500

Reporting Individual's Name
NORMAN FREDERICK LENT

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X								X							
			182 Main Street, Dover, Delaware					X						X								X								
1	Congressional Federal Credit Union				X										X					X										
2	Lent & Troescher, Realty Partnership (Partnership interest in rental property situate at Lynbrook, NY; sold 10/7/91 and Partnership terminated 12/31/91)							X					X										X							X
3	Patloy Assoc., Realty Partnership (Partnership interest in rental property situate at Oceanside, NY)					X							X								X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
NORMAN FREDERICK LENT

Block A: Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	Block B: Valuation of Asset — Year End Value (X): None	A: Less than $1,001	B: $1,001 - $15,000	C: $15,001 - $50,000	D: $50,001 - $100,000	E: $100,001 - $250,000	F: $250,001 - $500,000	G: $500,001 - $1,000,000	H: over $1,000,000	Indicate if alternative valuation method (X). Attach explanation	Block C: Income — Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I: Less than $201	II: $201 - $1,000	III: $1,001 - $2,500	IV: $2,501 - $5,000	V: $5,001 - $15,000	VI: $15,001 - $50,000	VII: $50,001 - $100,000	VIII: $100,001 - $1,000,000	IX: over $1,000,000	Block D: Transaction (X)
4 Atlantech Assoc., Limited Partnership (investing in rental property situate in Atlanta, GA)				X								X						X										
5 Shearson Lehman Bros., Inc. - cash reserve account							X				X										X							
6 Fidelity Fund - mutual fund (money market account)				X							X									X								
7 Hill, Lent & Troescher - law capital account (law partnership terminated 12/31/88)				X													Partial return of capital				X							X
8 Burr, Welcome - post sale dividend of common stock sold 12/10/90	X										X								X									
9 Homesite Lot at North Haven, Sag Harbor, NY - held for investment; no income							X																					
10 Homesite Lot at Punta Gorda Isles, Florida - held for investment; no income							X																					
11 Hixon Pooled Income Fund				X							X									X								
12 Fidelity NY High Yield - mutual fund					X						X										X							X
13 Vanguard Star - mutual fund				X							X							X										X
14 Installment sale, purchase money mortgage on Lynbrook, NY property sold 10/7/91 - 1/2 interest							X						X								X							X

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
NORMAN FREDERICK LENT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Member's Retirement Programs (end of year values reported; no income need be shown per reporting instructions, p 14):																												
15	Dreyfus Fund - profit sharing plan			X								X								Not applicable								X
16	Fidelity Investments - Keogh Plan					X						X								Not applicable								
17	Fidelity Investments - IRA Plan				X							X								Not applicable								
18	Scudder, Stevens & Clark - Keogh Plan						X					X								Not applicable								X
Spouse's Holdings:																												
S	Congressional Federal Credit Union					X								X									X					
S	Fidelity Funds - mutual funds			X								X									X							
S	Vanguard Fund - mutual fund			X								X									X							
S	U.S. Savings Bond			X										X						X								
S	NYNEX Savings Plan - 401 k Plan						X					X								Not applicable								
S	Congressional Federal Credit Union IRA			X										X						Not applicable								

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Reporting Individual's Name
NORMAN FREDERICK LENT

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Lent & Troescher, Realty Partnership - sold property located at Lynbrook, NY (1/7 interest value) and took back purchase money mortgage		X		10-7-91				X			
	Lent & Troescher, Realty Partnership - terminated partnership		X		12-31-91	No value to trans.						
	Hill, Lent & Troescher - law capital account (law partnership terminated 12/31/88)	Partial Return of Capital			12-27-91	X						
	Fidelity NY High Yield - mutual fund	X			8-6-91			X				
	Vanguard Star - mutual fund	X			12-12-91	X						
	Dreyfus Fund - profit sharing plan redeemed in full			X	6-21-91	X						
	Scudder, Stevens & Clark - Keogh plan redeemed in full			X	6-12-91				X			

Reporting Individual's Name

NORMAN FREDERICK LENT

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del				X			
	Apple Bank for Savings (formerly Sag Harbor Savings Bank)	Mortgage on homesite lot at North Haven, Sag Harbor, NY			X				

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Reporting Individual's Name: NORMAN FREDERICK LENT

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
See attached continuation sheet entitled "PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

HONORABLE NORMAN F. LENT

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS AND ENTERTAINMENT

SOURCE	DATE(S)	BRIEF DESCRIPTION
Tampa Electric	2/21 - 2/24/91	Roundtrip Air Travel from D.C. to Tampa, FL, 3 days food & lodging, self & spouse
Philip Morris	3/8 - 3/11/91	Roundtrip Air Travel from D.C. to Phoenix, AZ, 3 days food & lodging for self
Congressional Inst. Leadership Conference	3/14 - 3/16/91	Roundtrip Train Travel from D.C. to Princeton, NJ, 2 days food & lodging, self & spouse
Interstate Natural Gas	3/21 - 3/24/91	Roundtrip Air Travel from D.C. to Aventura, FL, 3 days food & lodging, self & spouse
Investment Program Association	4/18 - 4/21/91	Roundtrip Air Travel from D.C. to Orlando, FL, 3 days food & lodging for self
Congressional Competitiveness Caucus	4/15 - 4/16/91	Roundtrip Air Travel from D.C. to Detroit, MI, 1 day food & lodging for self
Pfizer	6/28 - 7/2/91	One Way Air Travel from D.C. to England, 4 days food & lodging for self & spouse
BP America	7/2 - 7/8/91	One Way Air Travel from England to D.C.; round trip air travel London to Aberdeen, Scotland; 6 days food & lodging for self & spouse
Cooperstown Conference	7/19 - 7/21/91	Roundtrip Air Travel from D.C. to Bolton Landing, NY, 2 days food & lodging, self & spouse
Congressional Charity Golf Tournament	9/6 - 9/8/91	Roundtrip Bus Travel from D.C. to Greenbrier, WV, 2 days food & lodging, self & spouse

HONORABLE NORMAN F. LENT
PAGE TWO

PART VII - "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS AND ENTERTAINMENT, continued

SOURCE	DATE(S)	BRIEF DESCRIPTION
City of Chicago	9/19 - 9/22/91	Roundtrip Air Travel from D.C. to Chicago, Illinois, 3 days food & lodging, self & spouse

Reporting Individual's Name
NORMAN FREDERICK LENT

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Lent & Troescher - realty partnership (dissolved 12/31/91)
Partner	Patloy Associates - realty partnership

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
12/31/88	Norman F. Lent and Robert H. Troescher	Dissolution of law partnership
12/27/91	Norman F. Lent and Cynthia Troescher, individually and as Executor of the Estate of Robert H. Troescher	Account Stated and Agreement as to dissolution of Real Estate Partnership; payment of Lent's law partnership capital account, and division of proceeds from installment sale and purchase money mortgage on 10/7/91 of rental property situate at Lynbrook, NY.

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Norman F. Lent	May 15, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9) 92 . . 15 . 4 . 06

HAND DELIVERED

Sander Martin Levin
(Full Name)

423 Cannon HOB — 202-225-4961
(Mailing Address) — Telephone

Washington DC 20515

Filer Status	X Member of the U.S. House of Representatives	State Michigan District 17	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

me (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Victoria Levin (spouse) National Institute of Mental health	spouse salary	$51,598.50

2300

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
LEVIN

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
None				

Reporting Individual's Name
LEVIN

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X								X									X
			George Wash. Credit Union Accounts			X									X									X						
			182 Main Street, Dover, Delaware				X							X									X							
Jt.			1/2 interest in 78 A.; 1/6 interest in 18 A. Tyrone Township, MI				X													X										
Jt.			1/4 interest in unimproved land 1A. West Tisbury, MA					X												X										

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
LEVIN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
1/9 undivided interest in commercial real estate, W. Maple, Birmingham MI						X						X		X										X					(-$16,850)
5.4 interest in LRS Co., a general partnership owning mineral rights and accounts receivable in MI			X															royalty					X						
5.33 interest in LRS Co., a general partnership owning real estate in Romulus and Pontiac Townships, MI and accounts receivable			X																	X									
4.2% interest in Pleasantdale, a general partnership owning real estate in Pontiac Township, MI			X												X						X								
Balance due from Joseph Levin (principal of $14,139) pursuant to letter agreement dated January 14, 1985																				X									

Reporting Individual's Name
LEVIN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence unless it is rented out. For further information see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10/12/90			X				

Page 5 of 5

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Reporting Individual's Name

LEVIN

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT.	Stanton Miner, Fenton MI	Land contracts, 78 and 18 A Tyrone Township, MI	X						
	Mrs. Sadie Cohn, West Bloomfield Township, MI	Loan	X						

Reporting Individual's Name: LEVIN

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Electronics Industries Association Legislative Affairs Council		4/24-4/26	Roundtrip air travel from Washington DC to Fort Meyers, Florida and return to Detroit; 2 days food, lodging, for legislative conference	
Congressional Economic Leadership Institute		4/1-4/5	Round trip air travel Washington DC to Texas and Mexico to discuss trade issues with Mexican officials; food and lodging	
U.S. Chamber of Commerce		3/25/91	Transportation from Ft. Meyers, Florida to Naples, Florida for conference on US-Canada relations	
Motor Vehicle Manufacturing Assn.		4/25-4/28	Transportation to Detroit to participate in Congressional Competitiveness Caucus Congressional auto trip	
Democratic Business Council of the Democratic National Committee		8/2-8/5	Round trip air travel Washington DC to San Francisco and return to Detroit; 4 days food and lodging - self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: LEVIN

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
LEVIN

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** [ ] **No** [X] **NA** [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** [ ] **No** [X] **NA** [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Sander M. Levin	May 14, 1992

GPO: 1991: 50-267 (m)

(9)

2809

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

HAND DELIVERED

Honorable Meldon Edises Levine
(Full Name)

2443 Rayburn HOB
(Mailing Address) (Telephone)

Washington, D.C. 20515

Filer Status	X	Member of the U.S. House of Representatives	State California District 27	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	People for the American Way	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Honorable Meldon E. Levine

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC JT	Examples: S ABC Corporation Stock			X								X									X									X
	Examples: George Wash. Credit Union Accounts				X									X									X							
	Examples: 182 Main Street, Dover, Delaware					X							X									X								
	PDA Paramount Fund			X								X			X							X								
	City National Bank Stock						X					X												X						
	American Electric Power Stock			X								X										X								
S	Selected American Mutual Fund			X								X			X							X								
	American Tel & Tel Stock			X								X										X								
	Ameritech Stock			X								X										X								

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Honorable Meldon E. Levine

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income															BLOCK D
		Year End Value (X)									Type of Income (X)							Category of Amount of Income (X)								
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
Bell Atlantic Stock				X								X										X							
Bell South Stock				X								X										X							
Nynex Stock				X								X										X							
Pacific Telesis Stock				X								X								X									
Southwestern Bell Stock				X								X								X									
Zweig Fund Inc. Stock	S			x								x			x							x							
Eastman Kodak Stock	S			X								X										X							
Ford Motor Co. Stock	S			X								X										X							
First Union Re Equity Stock	S			X								X										X							
Palmdale Calif. Bonds				X										X								X							Matured 1991 X
Newark Calif. School Bonds					X									X									X						
Calif. State Vets Bonds						X								X										X					
Rialto Calif. Community Bonds					X									X									X						
Clovis Unified S.D. Bonds					X									X									X						
Santa Margarita Bonds					X									x									x						

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Bonorable Meldon E. Levine

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours (S), your spouse's (SO), your dependent child's (DC) or jointly held (JT). This is optional	S OC JT	Year-End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		TAX EXEMPT	DIVIDEND	INTEREST	CAPITAL GAINS	RENT/ROYALTY/ LIMITED PARTNERSHIP		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
San Jose Calif. Bonds				X									X							X							
Anderson Calif. Bonds					X								X								X						
Calif. Rev Anticipation Bond							X						X										X				Matured 06/28/91X
Corona Norco Unified S.D. Bonds					X								X									X					
Calif. Water Resource Bonds					X								X								X						
Coast S&L Bank Acct.				X									X							X							
City National Bank Acct.						X							X									X					
Signet Bank Acct.					X								X							X							
Merrill Lynch Tax Exempt Fund					X								X									X					
Equitable Assurance Soc. Inc. Policy				X														X									
State of Israel Bonds				X														X									
Bank of Los Angeles				X														X									
ML Lee Acquisition Fund II				X									X					X									
Palm Springs Angels				X															X								

2 (Form A)

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Honorable Meldon E. Levine

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S DC JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
United Siblings											X	X	X								X					
Interest in:																										
7400 Hollywood Bl., Apt., LA			X																							
2730 Wilshire Bl,Apt,Santa Monica			X																							
1732 Harvard St, Santa Monica			X																							
Nuveen				X																						
Leonard Realty Denver Property			X																							
Telephone Co. spinoff stock				X																						
Levine #1-6 Partnership											X	X	X									X				
Interest in:																										
Cash (City Nat'l Bank Acct)			X																							
156-62 South Mission St., LA			X																							
141-49 South Anderson St, LA			X																							
136-40 South Mission St, LA			X																							
C&S Souvran Stock			X																							
Emma Levine Partnership												X	X								X					
Interests in land at:																										
Soto & 54th, LA			X																							
5401 South Boyle, LA			X																							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Honorable Meldon E. Levine

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Cousins Four Partnership												X	X							X								
Interest in apt at: 2615 La Canada, Glendale, CA			X																									
Interest in Apt at: 2100 Beachwood Drive, LA					X																							
Srata Exploration		X																										
Sid B. Levine Trust u/w Emma Levine (no discretionary interest)											X	X	X											X				
Nuveen Tax Free Fund							X						X										X					X

Reporting Individual's Name

Honorable Meldon E. Levine

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 +
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Calif. Munic Bond Palmdale		X		05-01-91	X						
	Calif. Anticipation Notes		X		06-28-91				X			
	Calif. Rev. Bonds		X		06-03-91			X				
	Rollovers of Nuveen Tax Free Funds		X		11 times during 1991					X		

Reporting Individual's Name: Honorable Meldon E. Levine

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples – Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago and Lunch	
ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name

Honorable Meldon E. Levine

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Treasurer and Director	Hyman Levine Foundation (non profit charitable foundation)
National Chair	Rebuild America (non profit educational foundation)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6 §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Meldon Levine

DATE (Month, Day, Year): 5/13/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 1:38
23

JERRY LEWIS
(Full Name)

2312 Rayburn House Office Bldg., Washington,D.C.20515 (202) 225-5861
(Mailing Address) (Telephone)

Filer Status	X	Member of the U.S. House of Representatives	State CA. District 35TH	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

RECEIVED
mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

(Note: A copy of Financial Disclosure Statement of spouse for 1991 is attached hereto)

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Penn Mutual Life Insurance Co. (note: No new business earned during 1991--income reflects service of business established preceding calendar year 1979)	Commissions	$ 527.00

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

JERRY LEWIS

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
Royal Vending Services Ltd. Amusement & Music Operators Ass'n Tournament & Reception	Participant	~~May 21,1991~~	~~$ 50.00~~
American Nuclear Energy Council	Speech	~~April 11,1991~~	~~$ 500.00~~
National Association of Home Builders	Speech	July 20, 1991	$1,000.00
Los Angeles Times	Article	May 30, 1991	$ 100.00
Mexican American Grocers Ass'n.	Speech	~~March 1,1991~~	~~$2,000.00~~

Reporting Individual's Name
JERRY LEWIS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year-End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less Than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		631 Constitution Ave., N.E. Wash. D.C. 20002								X				X											X					
		Fidelity Cash Reserves (IRA)				X									X								X							
		T. Rowe Price Prime Reserve Fund					X						X									X								X
		Mill & D Sts., San Bernardino, CA Acquired 1964-Sold 1981 on terms (See attached)					X									X								X						
		Lewis Family Trust-1/4th Share (See copy attached)						X											Trust distributions							X				X

For additional assets and unearned Income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
JERRY LEWIS

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																			BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST*		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Ouwalla, Inc. common stock				X									NONE								NONE								
The Magnetic Partnership Two 7.4321% interest				X									NONE								NONE								
2729 Riley Oaks Dr., Las Vegas NV. (step-daughter's residence					X								NONE								NONE								
1120 1 2 C St. N.E. Washington D.C.20002 (former residence)						X							NONE								NONE								
Lewis Family Trust- Parcel No. 13 as shown on Parcel Map No. 4416 recorded May 23, 1979 in Parcel Map Book No. 47, pages 65 and 66 in the office of the County Recorder of the Co. of San Bernardino, State of Ca.				X									NONE								NONE								

Reporting Individual's Name

JERRY LEWIS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	T. Rowe Price Prime Reserve Fund (Statement attached)	X			10-15-91			X				
	T. Rowe Price Prime Reserve Fund		X		11-26-91			X				
	Lewis Family Trust (copy attached) - 1 4th Sh.		X		7-23-91			X				
	Lewis Family Trust (copy attached) - 1/4th Sh.		X		9-9-91		X					

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Reporting Individual's Name

JERRY LEWIS

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Perpetual Savings Bank, Wash. D.C.	Mortgage on 631 Constitution N.E. Wash. D. C. 20002					X		
	American Mortgage Co. (Stepdaughter)	Mortgage on 2729 Riley Oaks Dr., Las Vegas, NV.				X			
	Columbia First Bank, Wash., D.C.	Mortgage on 1120 1/2 C N.E. Washington,D.C. 20002			X				

Reporting Individual's Name

JERRY LEWIS

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Mexican American Grocers Association	3-1-91	Speech-Hispanic Conference-1 day lodging & food, self & spouse.	
Congressional Institute	March 14-16 '91	Transportation by train roundtrip-self and spouse, food & lodging-Participation at Princeton--Conference	
Nat'l. Ass'n. of Homebuilders	July 19-21 '91	Roundtrip Air Travel from Wash. D.C. to Bermuda, food & lodging, self and spouse, Speech and participant in Summer Executive Committee meetings.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name: JERRY LEWIS

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS. Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information see Instructions, page 23.

NONE [ ]

Date	Parties To	Terms of Agreement
July, 1959	Penn Mutual Life Insurance Co., Agent retirement plan--monthly life annuity beginning at age 65. A standard agent's insurance contract. Commissions are paid in conformity with N.Y. State law and ongoing fees paid for service to policyholder for life of contract.	
1969	Legislators' Retirement System, State of California. Public Employees Retirement System Monthly life annuity beginning at age 60.	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jerry Lewis	May 13, 1992

GPO: 1991: 50-[illegible]

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CONTINUATION OF EDWARD R. LEWIS AND ELAINE L. LEWIS TRUST

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1983, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

1. Purpose. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.

2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.

3. Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California's laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

whom the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Beneficiary Designation by Trustee, such change shall be effective.

3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.

3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.

4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Executed effective December 1, 1989.

Richard J. Lewis

Edward R. Lewis, Jr.

C. Jeremy Lewis

John C. Lewis

Approved as to form:
GRESHAM, VARNER, SAVAGE, NOLAN & TILDEN

By: _____
Philip M. Savage, III

All assets in the Edward R. and Elaine L. Lewis Trust dated June 15, 1983 remaining following outright distribution after the death of Edward R. Lewis on May 13, 1988, including but not limited to the following:

1. Note dated 5-18-78 in the amount of $11,933.14 by Mark E. Brandlin, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 5-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1034, in Book 9763, Page 1571.

2. Note dated 7-18-84 in the amount of $31,750.00 by Robert Bresnahan and Carolyn Bresnahan and Carolyn Bresnahan as joint tenants, and Rob Bresnahan, at 7% per annum, payments of $250.00 payable on the 18th day of each calendar month, commencing on 7-18-79, secured by deed of trust recorded 8-27-84 as Instrument 84-204415.

3. Note dated 9-1-78 in the amount of $23,245.00 by Gerald W. Bromley and Phyllis Bromley, joint tenants, at 7% per annum, payments of $175.00 payable on the 1st day of each calendar month, commencing 10-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1035, in Book 9763, Page 1572.

4. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

5. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

6. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $60,000.00 by Glasscamp, Inc.

7. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $32,000.00 by Glasscamp, Inc.

8. Note dated 7-22-75 in the amount of $14,400.00 by Alan G. DeWeese and Margaret M. DeWeese, at 7% per annum, payments of $125.00 payable on the 23rd day of each calendar month, commencing 8-23-75, secured by deed of trust recorded 9-4-79 as Instrument 1031, in Book 9763, Page 1568. - Reconveyed

9. Note dated 9-24-80 in the amount of $12,575.00 by Edward W. Heber, Jr., and Judith A. Heber, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 10-1-80, secured by deed of trust recorded 1-19-81 as Instrument 81-012555.

10. Note dated 5-8-78 in the amount of $14,404.22 by James A. and Earleen K. Helm, at 7% per annum, payments of $125.00 payable on the 5th day of calendar month, commencing 6-5-78, secured by deed of trust recorded 9-4-79 as Instrument 1038, in Book 9763, Page 1575.

11. Real property in San Bernardino County, CA, subject to contract for sale dated 4-20-73 for $12,000.00 by Randy Don Hopkinson & Georgette M. Hopkinson. - Reconveyed

12. Note dated 12-24-84 in the amount of $31,750.00 by Sam J. Kahn and Betty L. Kahn as joint tenants, and Robert Craig Bennion and La Ree Bennion as joint tenants, at 7% per annum, payments of $250.00 payable on the 30th day of each calendar month, commencing on 6-30-77, secured by deed of trust recorded 1-2-85 as Instrument 85-000662.

13. Real property in San Bernardino County, CA, subject to contract for sale dated 6-13-79 for $32,000.00 by Carl E. Knauff, Peggy Knauff, Randy W. Roach, Barbara Roach, Stephen F. Jaurigue, Kathleen S. Jaurigue, Philippe J. Tatton, and Susan E. Tatton.

14. Note dated 4-2-84 in the amount of $15,775.00 by Harold E. Koenig, at 7% per annum, payments of $125.00 payable on the 15th day of each calendar month commencing on 9-25-76, secured by deed of trust recorded 5-17-84 as Instrument 84-116000.

15. Note dated 8-31-78 in the amount of $14,000.00 by Albert Lara, at 7% per annum, payments of $125.00 payable on the 30th day of each calendar month, commencing 9-30-78, secured by deed of trust recorded 9-20-79 as Instrument 1137, in Book 9775, Page 1620.

16. Real property in San Bernardino County, CA, subject to contract for sale dated 2-4-84 for $12,000.00 by Richard J. and Donna F. Lewis.

17. Real property in San Bernardino County, CA, subject to contract for sale dated 10-16-79 for $32,000.00 by Marilyn L. Mahan.

18. Note dated 4-1-84 in the amount of $23,600.00 by Michael B. Oliver and Sheila R. Oliver, joint tenants, at 7% per annum, payments of $175.00 payable on the 15th day of each calendar month, commencing on 7-15-77, secured by deed of trust recorded 5-17-84 as Instrument 84-116062.

19. Note by Harold J. Petty and Netty L. Petty at 7% per annum secured by deed of trust recorded as Instrument No. 913 on Dec. 19, 1979 in Book 9583, Page 1403.

20. Note dated 9-28-76 in the amount of $14,011.86 by Melvin L. Smith, Jr., and Marilyn A. Smith, joint tenants, at 7% per annum, payments of $125.00 payable on the 21st day of each calendar month, commencing on 10-21-76. Reconveyed

21. Real property in San Bernardino County, CA, subject to contract for sale dated 5-2-85 for $12,102.28 by Frances M. Stephenson and Austin Shrack.

22. Note dated 4-7-83 in the amount of $28,450.85 by Pauline R. Walton and Bobbie R. Skinner, at 7% per annum, payments of $250.00 payable on the 15th day of each calendar month, commencing 4-15-83, secured by deed of trust recorded 4-19-83 as Instrument 83-082026.

23. Real property in Los Angeles County, CA, subject to contract for sale dated 1-20-88 for $10,000.00 by Rommel Agee.

24. Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled Hawaiian Ocean View Estates which said map was filed in the Bureau of Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

25. Improved real property situated in San Bernardino, CA, at 5328 Park Lane, described as:

    Lot 2, Tract 5123 as per plat recorded in Book 62 of maps, page 23, records of San Bernardino County, Assessor's Parcel 154-051-37. - Sold in 1991

26. Improved real property situated in San Bernardino, CA, at 5634 Argyle Street, described as: - Sold in 1990

    Lot 29, Tract 5095 as per map recorded in Book 75 of Maps, pages 23-24 in the office of the County Recorder of San Bernardino County.

27. Pacific Savings Bank Account # 0535262-0 - Transferred to ck. acct.

28. Franklin Fund - Sold in 1991
California Tax-Free Income Fund - Account No. 112043617 24

29. Parcel No. 7 as shown on Parcel Map No. 4416 recorded May 23, 1979 in Parcel Map Book No. 47, pages 65 and 66 in the office of the County of San Bernardino, State of California. Quitclaimed to trust by Richard Lewis 9/17/91.

C. Jeremy Lewis

John C. Lewis

Edward R. Lewis

Richard J. Lewis

2/23/89 SALE OF MILL ST PROPERTY
PROJECTED RESULTS OF SALE

		TOTAL	1/4 LEWIS
SALES PRICE		$325,000.00	$81,250.00
BRODERICK AND ASSOC. COMM.-10%		($32,500.00)	($8,125.00)
		$292,500.00	$73,125.00
ESTIMATED ESCROW COSTS		($2,200.00)	($550.00)
NET SELLING PRICE		$290,300.00	$72,575.00
	INT. EQUIV.		
INTEREST INCOME			
FIRST YEAR-6%	9.00%	$14,193.94	$3,548.49
SECOND YEAR-7%	10.50%	$14,455.46	$3,613.87
THIRD YEAR-8%	12.00%	$14,017.28	$3,504.32
FOURTH YEAR-9%	13.50%	$12,792.43	$3,198.11
FIFTH YEAR-9%	13.50%	$9,577.94	$2,394.49
SIXTH YEAR-9%	13.50%	$6,061.89	$1,515.47
SEVENTH YEAR-9%	13.50%	$2,216.03	$554.01
		$73,314.97	$18,329.74
TOTAL TO BE RECEIVED		$363,614.97	$90,903.74

TIMING OF RECEIPTS:

AT CLOSE OF ESCROW:				
DOWN PAYMENT		$75,000.00		$18,750.00
NEG. FEE		($32,500.00)		($8,125.00)
ESCROW COSTS		($2,200.00)		($550.00)
		$40,300.00		$10,075.00
MONTHLY PAYMENTS: (PRINCIPAL AND INTEREST)	PER MONTH		PER MONTH	
FIRST YEAR-6%	$3,652.14	$43,825.68	$913.04	$10,956.42
SECOND YEAR-7%	$3,757.06	$45,084.72	$939.27	$11,271.18
THIRD YEAR-8%	$3,847.22	$46,166.64	$961.81	$11,541.66
FOURTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
FIFTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
SIXTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
SEVENTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
		$363,615.28		$90,903.82

PRIME RESERVE FUND

1991 CONFIRMATION OF REDEMPTION
CALENDAR YEAR TO DATE

JERRY LEWIS
2312 RAYBURN HSE OFFICE BLDG
WASHINGTON DC 20515-0001

Tax ID or Soc. Sec. No. 573-38-0740
Account No. 1669048 LEWISJERR-

T.RowePrice
Invest With Confidence

CONFIRM. DATE	TRADE DATE	TRANSACTION		TRANSACTION	PRICE	TRANSACTION	TOTAL SHARES
		BEGINNING BALANCE					2,804.790
1/31	1/31	DIVIDEND REINVEST		16.19	1.000	16.190	2,820.980
2/28	2/28	DIVIDEND REINVEST		14.00	1.000	14.000	2,834.980
3/28	3/28	DIVIDEND REINVEST		14.71	1.000	14.710	2,849.690
4/30	4/30	DIVIDEND REINVEST		13.45	1.000	13.450	2,863.140
5/31	5/31	DIVIDEND REINVEST		14.21	1.000	14.210	2,877.350
6/28	6/28	DIVIDEND REINVEST		11.82	1.000	11.820	2,889.170
7/31	7/31	DIVIDEND REINVEST		13.22	1.000	13.220	2,902.390
8/30	8/30	DIVIDEND REINVEST		13.88	1.000	13.880	2,916.270
9/30	9/30	DIVIDEND REINVEST		11.43	1.000	11.430	2,927.700
10/15	10/15	PURCHASE		65,000.00	1.000	65,000.000	67,927.700
10/31	10/31	DIVIDEND REINVEST		154.07	1.000	154.070	68,081.770
11/26	11/26	REDEMPTION BY CHECK	52	68,081.77	1.000	68,081.770	.000
11/26	11/26	CASH DIVIDEND		235.68			.000

IF YOU HAVE ANY QUESTIONS, CALL
1-800-225-5132, OR WRITE
T. ROWE PRICE FUNDS
P.O. BOX 66000, BALTIMORE, MD 21289-0850

YOUR DISTRIBUTION OPTIONS

INCOME DIVIDENDS	CAPITAL GAINS	SHARES HELD BY YOU			
REINVESTMENT	REINVESTMENT				.000

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers and employees

ARLENE M. WILLIS
(Full Name)

2312 Rayburn House Office Bldg., Washington, D.C. 20515
Mailing Address — Telephone

Filer Status	[ ] Member of the U.S. House of Representatives	State ___ District ___	[X] Officer or Employee	Employing Office JERRY LEWIS
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

ARLENE M. WILLS

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE			
WHICH IS ATTACHED HERETO AND MADE A PART HEREOF			
BY REFERENCE.			

Reporting Individual's Name
ARLENE M. WILLIS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for Income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock				X							X									X							X
			George Wash. Credit Union Accounts					X								X									X					
			182 Main Street, Dover, Delaware						X					X									X							
SEE FINANCIAL DISCLOSURE STATEMENT																														
OF SPOUSE WHICH IS ATTACHED																														
HERETO AND MADE A PART HEREOF																														
BY REFERENCE.																														
Fidelity Investments (IRA)							X									X							X							

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ARLENE M. WILLIS

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income														BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX Over $100,000	
SEE FINANCIAL DISCLOSURE																											
STATEMENT OF SPOUSE ATTACHED																											
HERETO AND MADE A PART HEREOF																											
BY REFERENCE.																											

Reporting Individual's Name

ARLENE M. WILLIS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				
	SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS											
	ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.											

Reporting Individual's Name

ARLENE M. WILLIS

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE								
	WHICH IS ATTACHED HERETO AND MADE A PART HEREOF								
	BY REFERENCE.								

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Reporting Individual's Name
ARLENE M. WILLIS

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 8-9, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED				
HERETO AND MADE A PART HEREOF BY REFERENCE.				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
ARLENE M. WILLIS

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [x]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Arlene M. Willis	May 13, 1992

GPO : 1991 50-267 (m)

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JERRY LEWIS
[illegible] DISTRICT, CALIFORNIA

COMMITTEES:
APPROPRIATIONS
SUBCOMMITTEES:
DEFENSE
LEGISLATIVE BRANCH
RANKING MEMBER
CHAIRMAN
[illegible]

WASHINGTON, D.C.:
[illegible]
RAYBURN HOUSE OFFICE BUILDING
[illegible]

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

Congress of the United States
House of Representatives
Washington, DC 20515-0555

[illegible]

June 17, 1992

Honorable Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth House Office Bldg.
Washington, D. C. 20515-6612

1 ✓ MC

Dear Mr. Anderson:

Please consider this letter an amendment to my 1991 Financial Disclosure Statement.

Reference is made to Part VII--"Reimbursements" and Gifts of Transportation, Lodging, Meals, Entertainment. The location of the Mexican American Grocers Association Speech was inadvertently omitted. The location was Palm Springs, Ca.

Sincerely,

Jerry Lewis

Jerry Lewis

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 12:56

(10)

John Lewis, Member of Congress
(Full Name)

U.S. House of Representatives
(Mailing Address)

Washington, D.C. 20515 — Telephone: 202-225-0351

Filer Status	X Member of the U.S. House of Representatives	State GA District 5	Officer or Employee	Employing Office	
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date	

me

(Office Use Only)

In all sections, please type or print clearly in black ink

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Clark Atlanta University; Atlanta, Georgia	spouse's salary	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
John Lewis

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Bell Helicopter, Inc.; Fort Worth, Texas	speech; appearance	December 17, 1991	$2,000
Claflin College; Claflin, South Carolina	speech	May 7, 1991	$500
Paine College; Augusta, Georgia	speech	May 3, 1991	$800
Philadelphia MLK, Jr. Assn. for Nonviolence; Phila., Pa.	speech	July 12, 1991	$578

Reporting Individual's Name

JOHN LEWIS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE [X]

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																								Block D
You may identify each asset and income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)					Other Income (Specify type:	Category of Amount of Income (X)																	Transaction (X)
			A None	B Less than $1,001	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST*	Other (Type of Income)	I None	II Less than $201	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X over $1,000,000							
S, DC, JT	Examples	S	ABC Corporation Stock			X							X								X																X
			George Washington Credit Union Accounts				X								X								X														
			182 Main Street, Dover, Delaware					X						X								X															

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST*	QUALIFIED BLIND TRUST*		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

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Reporting Individual's Name

John Dewes

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 -
	Example: ABC Corporation Common Stock	X			10-12-90			X				

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Reporting Individual's Name

John Lewis

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 – over
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

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Reporting Individual's Name: John Lewis

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and a value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4 limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government.* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Frank E. Bettinger	May 16-17, 1991	Roundtrip airfare from D.C. to Kansas City (reimbursement)	
Columbia College, Columbia University	Oct. 10-11, 1991	Roundtrip airfare from D.C. to N.Y.C. (reimbursement)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
John Lewis

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Directors	Wiley A. Branton Civil Liberties Foundation, Inc.
Board of Directors	Martin Luther King Center for Nonviolent Social Change, Inc.
Board of Directors	Friends of VISTA, Inc.
Board of Directors	Robert F. Kennedy Memorial, Inc.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John Lewis	May 13, 1992

MEMORANDUM
FROM: Congressman John Lewis
RE: Confidential list of charities receiving payments in lieu of honoraria
DATE: May 15, 1992

$1,000 from Bell Helicopter, Inc. paid to Quality Living Services, Inc. 4001 Danforth Street S.W., Atlanta, GA 30331

$1,000 from Bell Helicopter, Inc. paid to Martin Luther King Jr. Center for Nonviolent Social Change, Inc., 503 Auburn Avenue N.E., Atlanta, GA 30313

$500 from Claflin College, Claflin, South Carolina paid to Ebenezer Baptist Church, 407 Auburn Avenue N.E., Atlanta, GA 30312

$800 from Paine College paid to Ebenezer Baptist Church, 407 Auburn Avenue N.E., Atlanta, GA 30312

$578 from Philadelphia MLK, Jr. Assn. for Nonviolence to Martin Luther King Center for Nonviolent Social Change, Inc.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Thomas F. (Tom) Lewis
(Full name)

2700 PGA Boulevard
(Mailing Address)

Telephone

Palm Beach Gardens, Florida 33410

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 15	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

HAND DELIVERED

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Sargent at Arms U.S. House of Representatives, Washington, D.C.	Salary as Member of Congress	122,725
	CT. Gen. Life Insurance, Hartford, CT	Pension	2,242
	FL Department of Administration, Tallahassee, FL	Pension	4,236
	Earned by Spouse:		
	Marion V. Lewis, Inc. North Palm Beach, FL	Salary	
	State of Florida, Tallahassee, FL	Salary	

MAY 06 '92 08:10 KENNETH T GORDON CPA

2352

For payments to charity in lieu of honoraria, use next page

05-06-92 07:57AM FROM BIO

Reporting Individual's Name

Thomas F. (Tom) Levin

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
NONE			

NOV 06 '92 08:11 KENNETH T GORDON CPA

Reporting Individual's Name
Thomas F. (Tom) Lewis

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	QUALIFIED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX Over $100,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X							X
	Examples: Georgia Wash. Credit Union Accounts				X									X									X				
	Examples: 182 Main Street, Dover, Delaware						X						X									X					
	Prudential Insurance Policy						X							X										X			
	Frances S. Stokesberry, Mtg.					X								X										X			
	Cong. Federal Credit Union			X										X							X						
	Parker & Parsley			X										X							X						
	Hallwood Energy Ptrs. (was Apache 82)	X												X						X							
S	Silver Screen Ptrs. (1 Unit)	X												X						X							

For additional assets and unearned income, use next page

MAY 06 '92 08:11 KENNETH T GORDON CPA

2354

Reporting Individual's Name: Thomas F. (Tom) Lewis

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	IX over $1,000,000	
	J		X										X															
$10,000 Face Alaska Pipeline																												
	J		X										X								X							
5,000 Face Pueblo Co. 7%																												
		X										X							X									Defunct
First American Bank of P.B. Co. (Defunct)																												
	S		X									X										X						
200 Sh. Flagler National Bank																												
	S		X									X							X									
500 Sh. Palm Beach Lakes Bank																												
	S				X							X							X									
500 Sh. Marian V. Lewis Inc. Realtors																												
	S		X											X							X							
Dean Witter/Sears Liq. Asset Fd.																												
	JT		X											X							X							
Dean Witter/Sears Liq. Asset Fd.																												
	S			X								X										X						
Shearson Lehman Mgmt. Acct.																												
Rentals																												
	JT				X								X											X				
1061 Ocean Dr. Juno Beach, FL																												
	JT				X								X										X					
1081 Ocean Dr. Juno Beach, FL																												
	JT					X							X												X			
(3) Condo Office, 721 U.S. Hwy.1, NPB																												
	JT					X							X												X			
(4) Plex, Redbank Rd. Juno Beach, FL																												
	JT				X								X												X			
50% Int. Comm. Prop. U.S. Hwy 1, Juno																												
	JT				X								X										X					
1631 Congress Ave. Lake Worth, FL																												

47/10

06/'92 08:12 KENETH T GORDON CPA 305 812 5170 P.03

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Thomas P. (Tom) Lewis

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		Name	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCLUDED TRUST	QUALIFIED BLIND TRUST		Fields	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	JT	(2) Apts. Forest Hills, N. Carolina			X								X										X					
	JT	Tri-Plex 1316-18-20 Rumba Lane FL			X								X											X				
	JT	Condo Unit Chez Sois, Tall. FL			X								X											X				
	S	Real Estate Lot-N. Palm Beach, FL				X													X									
	JT	Townhouse, Tallahassee, FL			X														X									
	JT	Lot Residential Inv.		X															X									
	JT	15 Acres Swannee Co. FL		X															X									
	JT	Equity Membership Boca Lakes West Palm Beach, FL		X															X									
	JT	50% Int Military Trail Comm Prop Lake Worth				X						X												X				

2856

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Reporting Individual's Name

Thomas F. (Tom) Lewis

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Financial Disclosure A-3

MAY 26, 90 13:08 KENNETH L GORDON PAGE

Reporting Individual's Name

Thomas F. (Tom) Lewis

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Fidelity Fed. S&L, West Palm Beach, FL	Condo Office 721 U.S. Hwy. 1, NPB	X						
JT	Community Fed. S&L, Riviera Beach, FL	Condo Office 721 U.S. Hwy. 1, NPB		X					
JT	Fidelity Federal Savings, Lake Worth, FL	MTG. (4) Plex, Redbank Rd. Juno, FL		X					
JT	Mrs. M. Barrett, Santa Fe Rd. WPB FL	MTG. Congress Ave. Lake Worth, FL	X						
JT	Jackson County S&L, North Carolina	MTG. (2) Apts. Forrest Hills, NC		X					
JT	Mrs. F. Langston, Tallahassee, FL	2nd MTG. Tri-Plex Rumba Ln. Tall FL		X					
JT	Foster Mtg. (formerly) Sun Federal Savings & Loan Tallahassee, FL	MTG. Tri-Plex Rumba Ln. Tall, FL			X				
JT	Foster Mtg. (formerly) Sun Federal Savings & Loan, Tallahassee, FL	MTG. Chez Sois Condo, Tall. FL			X				
JT	Fidelity Federal Savings, Lake Worth, FL	MTG. Prop. U.S. #1, Juno Beach, FL	X						

MAY 06 '92 08:14 KENNETH T GORDON GRA

2358

Reporting Individual's Name: Thomas F. (Tom) Lewis

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Dr. & Mrs. John Mallonee 2205 S. Indian River Dr. Ft. Pierce, FL 34950	Painting of Florida Landscape	value unknown $100 +
Jack Kippenberger 17 Rio Vista Dr, Tequesta, FL 33469	Golf club	$150

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
FP&L	8/4-7/91	Roundtrip air travel from Washington, D.C. to Albany, N.Y. 1 days lodging, food & transportation	
Orin Hatch Charity Golf Tourney	8/10-13/91	Air travel from West Palm Beach, Fl to Salt Lake City, Utah 1 days lodging and food	
Danny Thompson Memorial Golf Tourney	8/20-24/91	Air travel from Salt Lake City, Utah to Sun Valley, Idaho and return to West Palm Beach, FL-4 days lodging and food	

* Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

NOV 06 '92 08:15 KENNETH T GORDON CPA

05-06-92 07 5TAM FOOD BIJ

2359

Reporting Individual's Name

Thomas F. (Tom) Lewis

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

MAY 06 '92 08:16 KENNETH T GORDON CPA

Reporting Individual's Name: Thomas F. (Tom) Lewis

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Vice President	Marian V. Lewis, Inc.
Executive Committee	Republican Party of Florida

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tom Lewis

DATE (Month, Day, Year): 5/13/92

MAY 06 '92 08:16 KENNETH T GORDON CPA P.11

05-13-92 10:07AM FCL 812

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(12)

92 15 [illegible] 29

Jim Ross Lightfoot
(Full Name)

1222 Longworth HOB, Washington, DC 20515 (202) 225-3806
(Mailing Address) Telephone

DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State Iowa District 5	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Merri Widow Store - Shenandoah, Iowa	Spouse-Business Inc.	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Jim Lightfoot

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name

Jim Lightfoot

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X									X								X										X
	George Wash. Credit Union Accounts				X										X									X							
	182 Main Street, Dover, Delaware					X								X									X								
JT	Ross's Zesto Shop, Shenandoah				X														Bus. Income	X	(Gross and Net)										
JT	Merri Widow Store, Shenandoah					X													Bus. Income	X	(Net)							X	(Gross)		
	Apple Computer Stock		X										X																		
	Baker International Stock	X											X								X										
	Treynor State Bank IRA, Treynor		X												X						X										
DC	GMAC Capital Corp. Account				X										X						X										

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: [illegible]

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset																		BLOCK C Income												BLOCK D
		Year End Value (X)																		Type of Income (X)												
			A	B	C	D	E	F	G	H																						
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		None	Less than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000	Indicate alternative valuation method (X). Attach explanation	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)		None	Less than $201	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	over $1,000,000	
S DC JT																																
JT	Internal Revenue Service										NA								Tax Refund					X							
JT	Treasurer State of Iowa																		Tax Refund				X								

2865

Reporting Individual's Name: Jim Lightfoot

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

2366

Reporting Individual's Name

Jim Lightfoot

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Security Trust & Savings Bank, Shenandoah	Business Operating Loan		X					
	Congressional Fed. Credit Union	Personal Loan			X				
S	Farragut Bank	Personal Loan	X						

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Reporting Individual's Name
Jim Lightfoot

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Kiawanis Daybreakers, Spencer	2/12-13	Roundtrip plane expenses, 1 night hotel lodging, meals	
The Congressional Institute	3/14-16	Transportation, lodging and meals for self and spouse	
Union Camp Corporation	3/16	Air transportation for self and spouse	
Hibernian Society	3/16-17	Partial airfare lodging and meals for self and spouse	
Very Special Arts Taiwan R.O.C.	11/14-17	Roundtrip airfare, hotel accomodations, and ground transportation for spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Jim Lightfoot

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name: Jim Lightfoot

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Partner	Ross's Zesto Shop, Shenandoah
Partner	Merri Widow Store, Shenandoah

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jim Lightfoot	5-14-92

ONE HUNDRED SECOND CONGRESS
LOUIS STOKES, OHIO, CHAIRMAN
MATTHEW McHUGH, NEW YORK
GARY ACKERMAN, NEW YORK
GEORGE (BUDDY) DARDEN, GEORGIA
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
JIM McDERMOTT, WASHINGTON
OFFICE OF ADVICE AND EDUCATION
(202) 225-3787

U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT

SUITE HT-2, U.S. CAPITOL
WASHINGTON, DC 20515-6328
(202) 225-7103

JAMES V. HANSEN, UTAH
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BERNARD RAIMO, JR., CHIEF COUNSEL

October 28, 1991

The Honorable Jim Lightfoot
U.S. House of Representatives
1222 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letters of October 21 and 24, 1991, requesting advice from this Committee regarding the propriety of your wife accepting an invitation from Very Special Arts Taiwan R.O.C. to participate in the 1991 International Festival in Taipei from November 14-17, 1991. You included with your request copies of the invitation and a letter from Mr. Lawrence Chen of Very Special Arts Taiwan, indicating that Mrs. Lightfoot will participate in the symposium scheduled for November 15 and a panel on the 16th, as well as the opening and closing ceremonies of the festival.

At the outset, you should note that under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342) and implementing regulations issued by this Committee, Members and their spouses generally may not accept travel expenses from a foreign government or agent thereof, or an entity acting on behalf of a foreign government. It is the responsibility of the traveling individual to ascertain whether the sponsor is a prohibited source.

The applicable House rule implicated by your inquiry is Rule XLIII, clause 4, the "Gift Rule," which reads in pertinent part as follows:

> A Member . . . shall not accept gifts (other than the personal hospitality of an individual or with a fair market value of $75 or less) in any calendar year aggregating more than the minimal value . . . directly or indirectly, from any person (other than a relative). . . .

In its Advisory Opinion No. 9, the Select Committee on Ethics of the 95th Congress ("Select Committee") noted that gifts to a spouse of a Member are generally considered an indirect gift to the Member, unless circumstances make it clear that the gift is truly independent of the spouse's relationship to the Member.

Two general exceptions to the Gift Rule have been recognized. In Advisory Opinion No. 8, the Select Committee determined that necessary expenses of a fact-finding trip were not considered a gift. The fact-finding must be related to the official duties of the Member. Since a spouse has no formal official duties, this exemption would not apply.

The second exception to the Gift Rule permits acceptance of necessary expenses by those who substantially participate in an event. The Select Committee, in Advisory Opinion No. 2, stated that:

> . . . necessary expenses should not be considered to be a "gift" to a participating individual who renders personal services sufficient to constitute "equal consideration" for the expenses provided by the sponsoring organization.

The opinion goes on to point out that:

> . . . the services rendered must be more than perfunctory in nature to constitute equal consideration for the expenses involved. For example, addressing an audience at an event or engaging in discussion seminars would be considered substantial participation sufficient to constitute "equal consideration," while simply visiting a specific site or location as part of a "fact-finding tour" would probably not be viewed as "equal consideration" for expenses paid by a sponsoring organization.

Accordingly, your wife may accept necessary expenses for her travel if it is being provided by a entity not associated with a foreign government for reasons totally independent of her relationship to you, or if she is performing services which constitute equal consideration for the travel.

Section 805(a)(1) of the Ethics Reform Act sets a ceiling on the expenses which will normally be deemed necessary for privately paid travel such as this. In the case of foreign travel, a maximum of seven consecutive days (excluding travel days) may be accepted without prior written approval from the Committee. Accordingly, Mrs. Lightfoot's proposed travel is consistent with this limit.

All travel expenses aggregating $250 or more in value from a single source must be disclosed as "reimbursements" on the Financial Disclosure Statement you file pursuant to the Ethics in Government Act of 1978. The Ethics Reform Act requires reporting not only the identity of the source of the travel but also a brief description, including a travel itinerary, dates, and nature of expenses provided.

If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Louis Stokes
Chairman

James V. Hansen
Ranking Minority Member

JS:lrs

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 13 PM 4:23

(7)

William Oliver Lipinski
(Full Name)

6242 West 59th Street
(Mailing Address)

Chicago, Illinois 60638

Telephone (202) 225-5701

HAND DELIVERED

Filer Status	[ ] Member of the U.S. House of Representatives	State Illinois District 5th	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Rose Marie Partners	Building Management	$2,400
	Chicago Transit Authority	Spouse Salary	NA
	23rd Ward Committeeman	Chairman, Local Democratic Party	$6,000

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
William O. Lipinski

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Year End Value (X): None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S	ABC Corporation Stock											X									X								X
	Examples: George Wash. Credit Union Accounts			X									X									X							
	182 Main Street, Dover, Delaware					X						X											X						
JT	Rose Marie Partners Building 5838 South Archer Avenue, Chicago Illinois, Cook county						X					X											X						
JT	Standard Federal S & L Accounts				X								X									X							
JT	Polish National Alliance		X										X							X									
JT	Archer Heights Credit Union	X											X							X									
	Chicago Park District Retirement Fund				X								NA						X										

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William O. Lipinski

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
JT	Savings of America (58th & Pulaski)			x										x						x									
S	IRA - Superior Bank				x									x								x							
	Ira - Superior Bank				x									x								x							

Reporting Individual's Name

William O. Lipinski

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

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Reporting Individual's Name

William O. Lipinski

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Argo Savings and Loan	Mortgage on 5838 South Archer Avenue, Chicago, Illinois		X					

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Reporting Individual's Name: William O. Lipinski

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [x]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [x]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: William O. Lipinski

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
23rd Ward Committeeman	23rd Ward Democratic Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William O. Lipinski	May 13, 1992

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

ROBERT L. LIVINGSTON
(Full Name)

2369 Rayburn House Office Building (202) 225-3015
(Mailing Address) (Telephone)

Washington, D.C. 20515

Filer Status	[ ] Member of the U.S. House of Representatives	State District	Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	Amendment	Termination	Termination Date	

INSIDE MAIL

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Robert L. Livingston

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

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Reporting Individual's Name: Robert L. Livingston

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year-End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
JT	Somatogen, Inc., Stock					X																								X
JT	2 personal homes (excluded)																													X
JT	IRA - Waters Parkerson						X																							
JT	1/3 interest lot in Lacombe					X																								
S	Wife's Louisiana Bankshares*					X									X						X									

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Robert L. Livingston

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
3/4 acre, Pointe Coupee, LA* wife's 1/5 mineral interest	S			X									X									X							
Raceland, Louisiana wife's 6 acres farmland*	S				X								X									X							
Trust for children	DC			X																									
Kehoe Account	JT				X									X							X								
Merrico Oil Limited Partnership	JT			X																									
Putnam Vista Mutual Fund	S			X										X						X									X
Cash management account - stock transactions Ed Jones & Co. Money Fund	JT			X										X						X									X
Fidelity Puritan Mutual Fund	JT			X										X						X									X
Manassas, Virginia 1/5 ownership, house and lot (*wife's assets constitute corpus of trust for children)	JT				X							X									X								
(Home repair) W.P. Credit Union Savings Acct.	JT				X															X									X

Reporting Individual's Name
Robert L. Livingston

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Somatogen, Inc., Stock	X			11/15/91	X						
JT	Personal residences (excluded)	X	X									
JT	Merrill Lynch S&P Futures	X	X		Misc.	X						

Reporting Individual's Name

Robert L. Livingston

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Mortgages on personal residences (Excluded)								

Financial Disclosure A-4

2386

Reporting Individual's Name: Robert L. Livingston

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute		Feb. 22-24	Rail transportation, meals, housing self and spouse, 2 days	
Electronic Industries Assoc.		Mar. 25-28	Air travel (N.O., FL, D.C.), 3 days, food, lodging, self and spouse	
Foundation Emmes		July 22	Roundtrip air travel (D.C., NY), 1 day, food self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

2387

Reporting Individual's Name
Robert L. Livingston

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] N/A [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] N/A [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert L. Livingston

DATE (Month, Day, Year): 5/13/92

2388

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

ROBERT L. LIVINGSTON
(Full Name)

2368 Rayburn House Office Building (202) 225-3015
(Mailing Address) Telephone

Washington, D.C. 20515

Filer Status	[ ] Member of the U.S. House of Representatives	State District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[✓] Amendment	[ ] Termination	Termination Date

INSIDE MAIL

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

2389

Reporting Individual's Name
Robert L. Livingston

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

RLL

2390

Reporting Individual's Name: Robert L. Livingston

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X								X							
			182 Main Street, Dover, Delaware					X						X								X								
JT	Somatogen, Inc., Stock					X														X										X
JT	2 personal homes (excluded)																													X
JT	IRA - Waters Parkerson						X																							
JT	1/3 interest lot in Lacombe					X														X										
S	Wife's Louisiana Bankshares*					X									X						X									

For additional assets and unearned income, use next page

2391

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Robert L. Livingston

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
3/4 acre, Pointe Coupee, LA* wife's 1/5 mineral interest	S			X									X								X								
Raceland, Louisiana wife's 6 acres farmland*	S				X								X								X								
Trust for children	DC			X																									
Kehoe Account	JT				X									X							X								
Merrico Oil Limited Partnership	JT			X															X										
Putnam Vista Mutual Fund	S			X										X							X								X
Cash management account - stock transactions Ed Jones & Co. Money Fund	JT			X										X							X								X
Fidelty Puritan Mutual Fund	JT			X										X							X								X
Manassas, Virginia 1/5 ownership, house and lot (*wife's assets constitute corpus of trust for children)	JT				X								X								X								
(Home repair) W.P. Credit Union Savings Acct.	JT				X																X								X

Financial Disclosure A-2(a)

2392

Reporting Individual's Name
Robert L. Livingston

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Somatogen, Inc., Stock	X			11/15/91	X						
JT	Personal residences (excluded)	X	X									
JT	Merrill Lynch S&P Futures	X	X		Misc.	X						
JT	TIDEWATER, INC. STOCK		X		2/7/91	X						
JT.	PETROLEUM HELICOPTORS, INC.		X		2/7/91	X						

2393

Reporting Individual's Name: Robert L. Livingston

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Mortgages on personal residences (Excluded)								

RLL

2394

Reporting Individual's Name
Robert L. Livingston

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute		Feb. 22-24	Rail transportation, meals, housing self and spouse, 2 days	
Electronic Industries Assoc.		Mar. 25-28	Air travel (N.O., FL, D.C.), 3 days, food, lodging, self and spouse	
Foundation Emmes		July 22	Roundtrip air travel (D.C., NY), 1 day, food self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Robert L. Livingston

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month, Day, Year) 5/18/92

GPO 1991 50-247 (M)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(18)

Marilyn L. Lloyd
(Full Name)

2266 Rayburn Office Building
(Mailing Address) Telephone

Washington, D.C. 20515

Filer Status	X Member of the U.S. House of Representatives	State Tennessee District 3	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVER

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE X

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2397

Reporting Individual's Name
Marilyn L. Lloyd

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Gas Distributors Exchange, Washington, D.C.	Speech	January 29, 1991	$1,000

Reporting Individual's Name
Marilyn L. Lloyd

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts					X								X										X					
	182 Main Street, Dover, Delaware						X						X									X							
	American International Group Inc. - Common Stock			X								X								X									Purchase
	Bristol Myers Squibb Co. - Common Stock					X						X									X								
	General Mills - Common Stock					X						X									X								
	Halliburton Co. - Common Stock			X								X									X								Purchase
	Panhandle - Eastern - Common Stock			X								X									X								Purchase/ Sale
	Pepsico - Common Stock			X																									Purchase

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Marilyn L. Lloyd

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)						Other income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
R. R. Donnelley & Sons, Co. - Common Stock				X								X									X								
Tyco Laboratories - Common Stock				X								X								X									Purchase
Time Warner Conv. Prefd Stock					X							X											X						
Masco Corp. Sub. Conv. Deb 5.25%					X									X									X						
Browning-Ferris Inc - Conv. Deb. 6.25%					X									X									X						
Metro Nash Dav. Co. Municipal Bonds 7.125%					X									X					X										Purchase
U.S. Treasury Notes					X									X		X								X					Sale
Metropolitan Life Insurance Annuity					X														X										
Merrill Lynch CMA Fund							X							X										X					
Union Pacific - Common Stock		X										X								X									
Westvaco Corp - Common Stock		X													X						X			X					Sale
Congressional Federal Credit Union				X										X							X								
Montana Power Co. - Common Stock				X								X								X									
Proctor & Gamble - Common Stock				X								X								X									Purchase

Reporting Individual's Name
Marilyn L. Lloyd

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	American International Group Inc. - Common Stock	X			3/08/91	X						
	Halliburton Co. - Common Stock	X			4/11/91	X						
	Panhandle - Eastern - Common Stock	X			3/05/91	X						
	Pepsico - Common Stock	X			10/31/91	X						
	Tyco Laboratories - Common Stock	X			3/08/91	X						
	Metro Nash Dav Co. Municipal Bonds	X			12/31/91		X					
	Union Pacific - Common Stock		X		2/01/91	X						
	Westvaco Corp - Common Stock		X		4/11/91	X						
	U.S. Treasury Notes		X		1/31/91 3/04/91		X	X				
	U.S. Treasury Notes		X		3/06/91			X				
	United Savings Assn. of Texas, CD		X		3/25/91	X						
	Proctor & Gamble - Common Stock	X			4/18/91	X						

2401

Reporting Individual's Name
Marilyn L. Lloyd

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

2402

Reporting Individual's Name
Marilyn L. Lloyd

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [X]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: Marilyn L. Lloyd

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) — Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) — Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Marilyn L. Lloyd	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

WILLIAM ROBERT FOWLER - SPOUSE OF MARILYN LLOYD
(Full Name)

6854 HOWARD ADAIR ROAD, CHATTANOOGA, TN 37416 (615) 344-9194
(Mailing Address) Telephone

Filer Status	X Member of the U S House of Representatives	State TN District 3RD	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
U.S. ARMY		SPOUSE SALARY	23,015

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

WILLIAM ROBERT FOWLER, SPOUSE

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
NONE			

2406

Reporting Individual's Name
WILLIAM ROBERT FOWLER, SPOUSE

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																					Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX Over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: George Wash. Credit Union Accounts				X									X									X						
	Examples: 182 Main Street, Dover, Delaware					X							X									X							
	CASH - PIONEER BANK							X																					
	M F SUN LIFE ANNUITY							X				N/A																	
	CHARLOTTE, NC PIEDMONT AVIATION INC. BONDS				X									X								X							
	CEM CORPORATION-COMMON STOCK				X							X							X										
	BAYPORT RESTAURANT GROUP INC. COMMON STOCK			X								X							X										

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM ROBERT FOWLER, SPOUSE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S DC JT	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	ESA/PTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
RETIREMENT ACCOUNT									X			N/A																	
CASH VALUE OF LIFE INSURANCE							X					N/A																	
LAND & COMMERCIAL BLDG., LIZ INTEREST						X							X									X							
LAND HELD FOR INVESTMENT									X						X				X										
RESIDENCE, CHATTANOOGA, TN							X					N/A																	
CONDOMINIUM, FLORIDA							X					N/A																	
PIONEER BANK- COMMON STOCK					X							X										X							
THE AMERICAN RUG CRAFTSMEN, INC.									X			X														X			
WILSON COUNTY, TN BONDS					X										X								X						
METRO NASHVILLE DAVIDSON COUNTY BONDS					X										X								X						
CHEVRON CORP COMMON STOCK				X								X										X							
FIRST CHATTA. FIN. CORP. COMMON STOCK						X						X											X						
CLAXCO HOLDINGS PTC SHRS APR COMMON STOCK					X							X									X								
ICH CP CV EXCHPKA COMMON STOCK 1986				X								X									X								
SARA LEE CORP. COMMON STOCK			X									X							X										
SCHERING PLOUGH CORP. COMMON STOCK							X					X												X					

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
WILLIAM ROBERT FOWLER, SPOUSE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) = Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
WALMART STORES COMMON STOCK				X								X						X										
BOEING CORP. COMMON STOCK					X							X						X										
FORD MOTOR COMPANY COMMON STOCK				X								X						X										
CARRIAGE INDUSTRIES, INC. COMMON STK.				X								X						X										
CRYOTECH INDS.			X									X						X										
R S FINANCIAL CORP.				X								X						X										

Reporting Individual's Name

WILLIAM ROBERT FOWLER, SPOUSE

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000+
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	TELEVISION TECHNOLOGY COMMON STOCK		X		12-31-91	X						
	GLAXCO HOLDINGS PLC SPKS ADR	X			5-1-90		X					
	ICPH CP CV EXCHPRA 1986	X			11-6-90		X					
	WALMART STORES, INC.	X			12-18-90		X					
	BOEING COMPANY	X			12-18-90		X					
	FORD MOTOR COMPANY	X			12-18-90	X						
	CARRIAGE INDUSTRIES	X			12-30-90	X						
	GLAXCO HOLDINGS PLC SPNS ADR	X			12-30-90							

Reporting Individual's Name
WILLIAM ROBERT FOWLER, SPOUSE

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	PIONEER BANK	LAND HELD FOR RESALE						X	

Financial Disclosure A-4

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Reporting Individual's Name
WILLIAM ROBERT FOWLER, SPOUSE

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: WILLIAM ROBERT FOWLER, SPOUSE

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
NONE			

Reporting Individual's Name
WILLIAM ROBERT FOWLER, SPOUSE

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William Robert Fowler	May 11 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(Full Name)
JILL LYNETTE LONG

(Mailing Address)
1513 LONGWORTH H.O.B.

Telephone
202-225-4436

Filer Status	[X] Member of the U.S. House of Representatives	State IN District 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

mc

(Office Use Only)

2415

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
JILL LYNETTE LONG

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (e.g., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
NA				

Reporting Individual's Name
JILL LYNETTE LONG

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A: None	B: Less than $1,001	B: $1,001 - $15,000	C: $15,001 - $50,000	D: $50,001 - $100,000	E: $100,001 - $250,000	F: $250,001 - $500,000	G: $500,001 - $1,000,000	H: over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I: Less than $201	II: $201 - $1,000	III: $1,001 - $2,500	IV: $2,501 - $5,000	V: $5,001 - $15,000	VI: $15,001 - $50,000	VII: $50,001 - $100,000	VIII: $100,001 - $1,000,000	IX: over $1,000,000	Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.																												
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	U.S. SAVINGS BONDS			X																									

For additional assets and unearned income, use next page

Page ___ of ___

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
JILL LYNETTE LONG

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
30 ACRE FARM 6439 WEST 900 NORTH LARWILL, INDIANA					X													X									

Reporting Individual's Name
JILL LYNETTE LONG

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	SOCIETY BANK OF INDIANA-GOSHEN, INDIANA	MORTGAGE ON 6439W. 900 N.		X					
	GAINER BANK OF GARY, INDIANA	MORTGAGE ON 6439W. 900 N.		X					

Reporting Individual's Name
JILL LYNETTE LONG

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jill Lynette Long	5-15-92

GPO: 1991: 50-267 (M)

JILL LONG, M.C.
4TH DISTRICT, INDIANA

AGRICULTURE COMMITTEE
VETERANS' AFFAIRS COMMITTEE
SELECT COMMITTEE
ON HUNGER

HAND DELIVERED 92 ... 29 ... 23

Congress of the United States
House of Representatives
Washington, D.C. 20515

WASHINGTON OFFICE
1513 LONGWORTH BUILDING
WASHINGTON, D.C. 20515
202 225-4436

DISTRICT OFFICES
[illegible]
[illegible]
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[illegible]
[illegible]
[illegible]
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May 29, 1992

3

MC

Hon. Louis Stokes
Chairman
Committee on Standards
of Official Conduct
HT - 2, U.S. Capitol

Dear Mr. Chairman:

Please find enclosed two additional pages to my Financial Disclosure statement for 1992.

The pages were unintentionally excluded from my statement that was filed on May 15, 1992. Please consider these as an amendment to my statement.

Your assistance in this matter will be greatly appreciated.

Sincerely,

Jill Long

JILL LONG
Member of Congress

HAND DELIVERED 92

Reporting Individual's Name
JILL LYNETTE LONG

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

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Reporting Individual's Name: JILL LYNETTE LONG

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ' 15 AM 2 31

7

William David Lowery
(Full Name)

2433 Rayburn House Office Building
(Mailing Address)

Telephone:

Washington, D.C. 20515 — 202/225-3201

Filer Status	X Member of the U.S. House of Representatives	State CA District 41	Officer or Employee	Employing Office	
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date	

HAND DELIVERED
mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Shannon and Luchs Realty (spouse)	Sales Commissions	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

WILLIAM DAVID LOWERY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)										Indicate if alternative valuation method (X). Attach explanation.	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X									X									X								X
			George Wash. Credit Union Accounts				X										X									X						
			182 Main Street, Dover, Delaware					X								X									X						
			San Diego Trust & Savings Bank	X													X							X								
			Wright Patman Federal Credit Un.				X										X								X							
			First American Bank of Virginia	X													X							X								
			Western Equities Plan Partnership Ltd.				X											X					X									
			Western Equities Plan II Ltd. Partnership				X											X					X									
			Warfield LTD Ltd. Partnership			X												X					X									

For additional assets and unearned income, use next page

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Reporting Individual's Name

WILLIAM DAVID LOWERY, M.C.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year-end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									BLOCK D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED "RUST" QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples	S ABC Corporation Stock			X								X								X								X
		George Wash. Credit Union Accounts				X									X								X						
		182 Main Street, Dover, Delaware					X							X								X							
		SEGS II Private Placement Security					X									X			X										

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For additional assets and unearned income, use next page

Reporting Individual's Name

WILLIAM DAVID LOWERY, M.C

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – over
	Example: ABC Corporation Common Stock	X			10-12-90			X				

2427

Reporting Individual's Name

WILLIAM DAVID LOWERY, M.C.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Bank of Commerce, San Diego	Loans		X					
	Wright-Patman Cong. Fed. Credit Union	Loans		X					

Reporting Individual's Name
WILLIAM DAVID LOWERY, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
	The Congressional Institute	Mar. 11 10	Roundtrip Train Fare Wash. DC to Princeton, NJ, 5 days Food & Lodging	
	American Israel Public Affairs Com. Committee	Jul. 11 13	Roundtrip Air from Wash. DC to Chattanooga, TN, 3 days food & lodging	

*Required to be reported under the Foreign Gifts and Decorations Act, 5 U.S.C. 7342.

Reporting Individual's Name
WILLIAM DAVID LOWERY, M.C.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [XX]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [XX]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

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SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Bill Lowery	MAY 15, 1992

JNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

9

92 . 1 . 1 2 . 4

NITA M. LOWEY
(Full Name)

105 Beverly Road
(Mailing Address)

(914) 967-7742
Telephone

Rye, New York 10580

Filer Status	[X] Member of the U S House of Representatives	State NEW YORK District 20	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Lowey Dannenberg Bemporad & Selinger, P.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

24431

Reporting Individual's Name

NITA M. LOWEY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
			A None	B Less than $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			I DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock		X									X									X								X
		George Wash. Credit Union Accounts			X										X									X						
		182 Main Street, Dover, Delaware				X								X									X							
JT	CITIBANK, N.A.				X	X									X									X						
JT	CHEMICAL BANK														X							X								
JT	CITIBANK LANDMARK FUND							X					X												X					
JT	U.S. TREASURY NOTES AND BILLS									X					X											X				
	U.S. TREASURY NOTES AND BILLS							X							X									X						
	ALBANY COUNTY NY BONDS			X											X							X								

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: NITA M. LOWEY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year-End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
MTA NY BONDS			X											X						X									
LAC BONDS					X									X						X									
NASSAU COUNTY NY BONDS					X									X									X						
NY POWER AUTHORITY BONDS			X											X						X									
TRIBOROUGH BR. & TUNNEL AUTH.BDS					X									X										X					
GILDER GAGNON & CO. MANAGED ACCT	S							X				X		XX										X					
EGS PARTNERS	S					X						X		XX															
P. OPPENHEIMER INVEST&T. PTNSP.	S				X									X															
AMERICAN EXPRESS STOCK	S		X									X								X									
HARRIS CORP. STOCK	S		X									X								X									
INDUSTRIAL ACOUSTICS STOCK	S		X									X							X										
TOYS 'R US STOCK	S		X																										
WHITMAN CORP. STOCK	S		X																										
ACO RESOURCES NOTE	S				X									X										X					
PRUDENTIAL MONEY MART	S		X									X								X									

2 (From A)

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: NITA M. LOWEY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
		Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											
SP, S, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	None	A Less than $1,001	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX over $1,000,000	Transaction (X)
S	MULTIMEDIA CORP.						X																							
S	E. NEW YORK PROPERTIES					X																								
S	BRANDON DRILLING PARTNERSHIP			X														DISTRIBUTION		X										
	INTERL. FUND PARTNERSHIP		X																											
S	PHYSICIANS PHARMACEUTICAL STOCK		X																											
S	LOWEY DANNENBERG BEMPORAD & SELINGER STOCK									X																				
	NEW YORK STATE BONDS				X									X								X								X
	WESTCHESTER COUNTY BONDS			X										X								X								X
S	HOMESTYLE BUFFET STOCK			X																										X
S	PET STOCK			X																										X
S	LOWEY DANNENBERG BEMPORAD & SELINGER PROFIT SHARING PLAN							X													N/A									
S	IRA KAUFMANN FUND					X															N/A									
S	IRA TWEEDY BROWNE						X														N/A									
	IRA SHEARSON LEHMAN			X																	N/A									
	NYS RETIREMENT PLAN					X															N/A									

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
NITA A. LOWEY

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). **This is optional**	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
NYS DEFERRED COMPENSATION PLAN				X																	N/A								

Reporting Individual's Name

NITA M. LOWEY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1 000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S,DC,JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction: B $1 001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Gilder Gagnon purchases and sales in normal course.	X	X						X			
	Manager has complete discretion to select, buy and sell securities.											
	NYS Bonds	X			2/29/91		X					
	Westchester County Bonds	X			2/29/91	X						
S	Homestyle Buffet Incorporated	X				X						
S	Pet Incorporated	X				X						
S	Lowes		X									
J	U.S. Treasury Securities	X								X		

Reporting Individual's Name

NITA M. LOWEY

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: NITA M. LOWEY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government.* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
[illegible]		[illegible]	[illegible]	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
NITA M. LOWEY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	Westchester Community Opportunity Program
Director	American Jewish Committee
Director	Legal Awareness for Women
Director	Westchester Jewish Community Services

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation of deferred payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ N/A ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ N/A ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Nita M. Lowey

DATE (Month, Day, Year): 5/14/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 1 13 AM 10 02

7

CHARLES JOHN LUKEN
(Filer Name)

4801 Chapelridge Drive
(Mailing Address)

Cincinnati, Ohio 45223

(202) 225-2216 (Wash.)
(513) 421-8688 (Cinti.)
Telephone

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State Ohio District 1st	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. Government (House of Representatives)	Salary	$ 125,196.00

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Reporting Individual's Name
CHARLES JOHN LUKEN

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Other Income (Specify type)	BLOCK C Income: Category of Amount of Income (X)									Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED "TRUST" QUALIFIED BLIND TRUST			None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S: ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	Star Bank, Cincinnati, Ohio			X										X							X							
	Provident Bank, Cincinnati (IRA)			X										X					X									
	Procter & Gamble (Stock)			X								X									X							
	Gradison & Co. (IRA)				X									X							X							
	GTE Corporation (IRA)			X								X									X							
	Centennial Savings & Loan			X										X					X									

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: CHARLES JOHN LUKEN

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
	Trans Ohio Savings		X										X							X							
	Franklin Savings & Loan		X										X							X							
	Walt Disney Bonds (IRA)		X								X									X							
	U.S. Government (Zero Coupon due in 1997)		X										X							X							
	Ohio Housing Authority (Bond)		X										X							X							

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Reporting Individual's Name
CHARLES JOHN LUKEN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [XXX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	~~Walt Disney Bonds (IRA)~~	X			10/91	X						
	U. S. Government (Zero Coupon due in 1997)	X			4/91	X						

Reporting Individual's Name

CHARLES JOHN LUKEN

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE XXXX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
CHARLES JOHN LUKEN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE XXX

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government.* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Fluor Daniel Corporation		3/13-16, 1991	Roundtrip Air from Wash., D.C. to Manama, Bahrain, 3 days food & lodging, self	XX
Congressional Charity Golf Tournament, Inc.		9/6-8, 1991	2 days food & lodging, self & spouse	XX

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

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Reporting Individual's Name
CHARLES JOHN LUKEN

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XXX

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE XXX

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	1/5/92

GPO 1991 50-287 (m)

(7)

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

INSIDE MAIL

ALFRED A. McANDREWS
(Full Name)

[illegible] Rayburn HOB
(Mailing Address)

Washington, DC [illegible]
(Telephone) (202) 225-3311

Filer Status	X Member of the U.S. House of Representatives	State CA District 17	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200.00 or more during the preceding calendar year. For a spouse list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	N/A
	[illegible]	Compensation	$7,011.[illegible]

2447

For payments to charity in lieu of honoraria, use next page.

Reporting Individual's Name
ALFRED A. McCANDLESS

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
NONE				

Reporting Individual's Name

ALFRED A. McCANDLESS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset										**BLOCK C** Income																**Block D**
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	$1,000,000 - $5,000,000 or over		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	S ABC Corporation Stock			X								X										X						X
Examples	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	AMERICAN SAVINGS BANK							X						X										X				
	SECURITY PACIFIC BANK STOCK (from inheritance)				X									X								X						

For additional assets and unearned income, use next page

2449

Reporting Individual's Name

ALFRED A. McCANDLESS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Page 4 of 7

Financial Disclosure A-3

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Reporting Individual's Name
ALFRED A. McCANDLESS

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	FIRST NATIONAL BANK IN COACHELLA	PERSONAL LINE OF CREDIT	X						
	(Paid off 10/22/91)								

Financial Disclosure A-4

2451

Reporting Individual's Name
ALFRED A. McCANDLESS

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
ALFRED A. McCANDLESS

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** [X] **No** [ ] **NA** [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** [X] **No** [ ] **NA** [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Alfred A. McCandless	May ., 199.

GPO: 1991: 50-268 (m)

AL McCANDLESS
37TH DISTRICT, CALIFORNIA

COMMITTEES:
BANKING, FINANCE AND URBAN AFFAIRS

GOVERNMENT OPERATIONS

HAND DELIVERED

92 MAY 12 PM 3:43

'92

AL McCANDLESS
WASHINGTON, DC 20515-0537
(202) 225-5811

DISTRICT OFFICES

Congress of the United States
House of Representatives
Washington, DC 20515-0537

May 12, 1992

✓
MC

The Honorable Donnald K. Anderson
Clerk, U.S. House of Representatives
1036 Longworth Building
Washington, DC 20515

Dear Donn:

On May 4, 1992, I submitted my Financial Disclosure Statement for 1991. I have an additional item to report before the May 15th deadline. The information is as follows:

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Source: The Congressional Institute 1991 Conference in Princeton, New Jersey

Dates: March 14-16, 1991

Brief Description: Transportation, meals & lodging, self & spouse

Gift: X

Thank you for your assistance in this matter.

Sincerely,

Al McCandless

AL McCANDLESS
Member of Congress

AAM:Jg
Enclosures

THIS STATIONERY PRINTED ON PAPER MADE UP RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Frank McCloskey
(Full Name)

P.O. Box 7
(Mailing Address)

Telephone

Smithville, Indiana 47458

Filer Status	[x] Member of the U.S. House of Representatives	State Indiana District 8th	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

mc

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Council For Early Childhood Professional Recognition, Washington, D.C.	Spouse Salary	
	Bloomington Developmental Learning Center, Bloomington, Indiana	Spouse Salary	

For payments to charity in lieu of honoraria, use next page

2455

Reporting Individual's Name
Frank McCloskey

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
The Assoc. of U.S. Postal Lessors	Speech	June 26, 1991	$1,000.00

Reporting Individual's Name

Frank McCloskey

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you **may list** only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE [XX]

	BLOCK A Asset and/or Income Source	**BLOCK B** Valuation of Asset										**BLOCK C** Income															**Block D**
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X								X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X						X									X							

For additional assets and unearned income, use next page

2457

Reporting Individual's Name

Frank McCloskey

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Financial Disclosure A-3

2458

Reporting Individual's Name

Frank McCloskey

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Wright Patman Congressional Credit Union	Loan	X						
	Indiana University Credit Union	Loan	X						

2459

Reporting Individual's Name
Frank McCloskey

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [XX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Channel 4 Television & Film Productions TVF, London, England	July 13 - July 21	Roundtrip airfare from Washington, D.C. to London, England, three nights lodging and meals, self	
American Croatian Association and Pro-Serbian Organization	December 14 - 22	Airfare from Washington, D.C. to Graz, ground transportation to Croatia and Serbia, eight nights lodging and meals, self (five days sponsored by American Croatian Association, three days sponsored by Pro-Serbian Organization)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

2460

Reporting Individual's Name
Frank McCloskey

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XX

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE XX

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Frank McCloskey

DATE (Month, Day, Year): May 14, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

HAND DELIVERED

Filer Status: [X] Member of the U.S. House of Representatives — State: Florida, District: 5th; [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA--EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [XX]

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-3

2492

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Type of Income (X)						Category of Amount of Income (X)											Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X). Attach explanation.	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X							X
			George Wash. Credit Union Accounts			X										X								X						
			182 Main Street, Dover, Delaware				X								X								X							
			40 acres real property, Hernando County Florida (60% interest)				X						good faith estimate						no income from it											
			Barnett Bank accounts			X										X							X							
			Eubanks, Hilyard, et al, P.A. Profit Sharing Plan				X							X		X	X								X					
			IRA - Vanguard Fiduciary Trust Prime Portfolio	X										X								X								
DC			SunTrust Stock			X								X								X								
			Oak Industries Stock			X													No income											

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $1,000,000	
Quixote Corp. Stock			X														No income										X
Computer Network Technology Stock			X														No income										X
Waban Inc. Stock			X														No income										X
Quantum Feb 17½ Call Options	X													X						X							X
Oracle Systems Stock	X													X						X							X

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 – $5,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Quixote Corp. Stock	X			12-13-91	X						
	Computer Network Technology Stock	X			12-27-91	X						
	Waban Inc. Stock	X			12-6-91	X						
	Oracle Systems Stock		X		9-6-91	X						
	Quantum Feb 17½ Call Options	X			1-23-91	X						
	Quantum Feb 17½ Call Options		X		2-5-91	X						

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a **mortgage** on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE XX

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	NONE								

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Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example. Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
NONE		

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples. Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples. ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
DePauw University	2/14-15/91	Roundtrip Air Travel from Orlando to Indianapolis, 1 night food and lodging (conference participant, speaking engagement)	
The Congressional Institute, Inc.	9/14-16/91	Roundtrip Rail Travel from Washington, D.C. to Princeton, N.J. 2 nights food and lodging, self and spouse (conference participant, panel moderator)	
Jefferson Educational Foundation	12/6-12/13/91	Roundtrip Air Travel from Washington, D.C. to S. Africa, 7 days travel in country, food and lodging, self and spouse (participant in fact-finding tour and speaking engagement); includes 3 travel days and one day with another organization with expenses less than reporting amount.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Conference of State Bank Supervisors	06/10/91	Roundtrip Air Fare from Washington, D.C. to St. Louis, food (program participant, speaking engagement)	
Cultural Festival of India	07/12/91	Air Fare from Washington, D.C. to Newark, N.J. to Orlando (opening ceremony participant, speaking engagement)	
American Israel Public Affairs Committee (AIPAC)	9/15-16/91	Air Fare from Orlando to Los Angeles to Washington, D.C., one night lodging (meeting participant, speaking engagement)	
Florida Fruit & Vegetable Assn.	9/26-27/91	Air Fare from Washington, D.C. to Jacksonville to Orlando, 1 night food and lodging (convention participant, speaking engagement)	

Reporting Individual's Name
Bill McCollum a/k/a
Ira William McCollum, Jr.

PART VIII – POSITIONS

Report the identity of all positions compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	Bill McCollum Leadership Institute, Inc. (non profit for high school students)
President	Committee on Qualified Votes, Inc. (non profit educational)
President, Secretary	Committee on Political Terms Lobby, Inc. (non profit educational)
Board Member, Treasurer	Minute Coalition Billboard Campaign Inc. (non profit charity)
Board Member	Education Foundation of State Bank Supervisors, Division of Conference of State Bank Supervisors

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1-1-91	There is no written or formal agreement, but my former law firm and its successor, Eubanks, Bilyard, et al, P.A., have agreed to keep the principal accumulated before my employment terminated in the firm's profit sharing plan and to share proportionately in the earnings of the plan.	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.)

Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.)

Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Bill McCollum	May 14, 1991

GPO 1991 - 50-28 (m)

(9)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Jim McCrery
(Full Name)

127 Cannon HOB, Washington, DC 20515 - 202 225 2777
(Mailing Address) Telephone

:SIDE MAR

Filer Status	X Member of the U.S. House of Representatives	State LA District 4	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	KTAL TV, Shreveport, LA	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2471

Reporting Individual's Name
Jim McCrery

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
None			

2472

Reporting Individual's Name: Jim McCarey

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				None	A Less than $1,001	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX over $1,000,000	
S DC JT	Examples	S	ABC Corporation Stock			X								X									X							X
			George Wash. Credit Union Accounts				X									X									X					
			182 Main Street, Dover, Delaware					X							X									X					
			IRA, Comm. Natl Bank, Shreveport LA			X														NA										

For additional assets and unearned income, use next page

2473

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Jim McCrery

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000	

2474

Reporting Individual's Name: Jim McCrery

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

2475

Reporting Individual's Name
Jim McGrery

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Jim McCrery

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government.* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information, see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
American Maritime [illegible]		Mar 2-10	Round trip airfare Wash. D.C. - Naples, Fl	
[illegible]		Mar [illegible]	3 days food & lodging - self	
[illegible]		Mar 7	Round trip airfare Wash. D.C. to Wash. D.C.	No
Heritage Golf Assn		April	3 days food & lodging, self	
Continental Airlines & Skyline		Apr 14-19	$ days food & lodging, self	
Springs Texas Bread			3 days food & lodging - self	
Nat'l Assn of Wholesale Grocers		[illegible]	3 days food & lodging - self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

PART VII–"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: J. M. McCrery

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Ross Engineering Corp	August	Fare, food & lodging - Airfare to Hong Kong - 4 days	
	7-11	food & lodging - Airfare to Beijing - self & spouse	
Chinese People's Inst of Foreign Affs	August	fare, food, lodging - Airfare Beijing to Shanghai - 6 days food	
	11-12	& lodging - self & spouse	
Ross Engineering Corp	Aug	Reimburse Rosses for food & lodging - Airfare Shanghai to Hong Kong	
	17-18	overnight food & lodging - Airfare Hong Kong - DC - self & spouse	
The Brookings Institute	Dec	participate Japan-US Partnership of Freedom. Transportation - DC to Tokyo	
	1-6	Steerpoint, LLC to Tokyo - 6 days meals & lodging - self & spouse	

Reporting Individual's Name
Jim McEvoy

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jim McEvoy	May 1, 1992

GPO : 1991 : 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

Dave McCurdy
(Full Name)

2344 Rayburn House Office Building
(Mailing Address)

(202)225-6165
Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Oklahoma District 4th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Pamela M. McCurdy, M.D. - Psychiatrist, Private Practice	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2480

Reporting Individual's Name
Dave McCurdy

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Washington Post	Article	Jan. 12, 1991	$200
New Republic	Article	April 1, 1991	$100
Chicago Mercantile Exchange	Speech	April 22, 1991	$1,000
Coleman/Bartlett Washington Focus	Speech	Oct. 2, 1991	$2,000
Credit Lyonnais Securities	Speech	Oct. 24, 1991	$2,000

2481

Reporting Individual's Name
Dave McCurdy

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X								X									X
			George Wash. Credit Union Accounts			X									X									X						
			182 Main Street, Dover, Delaware				X							X									X							
JT			National Multisector Fixed Income Fund 2 Pickwick Plaza Greenwich, CT 06830		X								X			X					X									

2482

Reporting Individual's Name

Dave McCurdy

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 +
	Example: AEC Corporation Common Stock	X			10-12-90			X				
	N/A											

Page 4 of 7

Financial Disclosure A-3

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Reporting Individual's Name
Dave McCurdy

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	N/A								

Reporting Individual's Name: Dave McCurdy

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
N/A		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government;* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information, see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Chicago Mercantile Exchange	Apr. 22, 1991	Roundtrip Air from Wash. D.C. to Seattle, self	
E-systems	Sept. 9, 1991	1 day lodging, Dallas, TX, self	
4th Dist. Econ. Dev. TaskForce	Dec. 2-4, 1991	Roundtrip Air from Wash. D.C. to Los Angeles 3 days lodging, self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
Dave McCurdy

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
N/A	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [ ]

Date	Parties To	Terms of Agreement
	N/A	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Dave McCurdy

DATE (Month, Day, Year): May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 14 25

(7)

Joseph Michael McDade
(Full Name)

2370 Rayburn HOB, Washington, D.C. 20515
(Mailing Address)

Telephone: 202-225-3731

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 10th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name: Joseph McDade

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held (b) during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRAs and retirement plans that are not self-directed, you may list only year-end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										BLOCK D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		None	A Less than $1,001	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X). Attach explanation.	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX over $1,000,000	
DC, JT	Examples: S	ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts					X								X									X					
		182 Main Street, Dover, Delaware						X						X									X						
	Paris Business Forms				X															X									
	U.S. Treasury bills								X						X										X				X
JT	Wright Patman C.U. accounts					X									X									X					
	Washington Federal (IRA)					X									X								X						
	307 Clark Ave. Clarks Summit, PA (half home/half rented)							X						X										X					
	Dean Witter Funds (IRAs)				X								X									X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Joseph M. McDade

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000	
Fidelity Spartan Ginnie Mae Fund (TRA)				X												NA										X
Vanguard GNMA & Tax Free Money Market					X						X		X							X						X
2 Westridge Rd. Cooperstown, NY					X							X									X					X
Land-Avoca, Pa 2-2-350 .80 acre Land-Dupont, Pa 15-1002 19 acres			X									X				INCOME IS FROM BILLBOARDS				X						
Mortgage on land, Luzerne Cnty PA (x) Billboard on land (y)					X							Y				NO INCOME FROM MORTGAGE INCOME FROM BILLBOARD	X				Y					

Reporting Individual's Name

Joseph McDade

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO DAY YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000+
	Example ABC Corporation Common Stock	X			10-12-90			X				
JT	US Treasury bill -reinvested 10-31-91	X			5-2-91				X			
	US Treasury bill -reinvested 9-12-91 & 12-12-91	X			6-13-91			X				
	T.Rowe Price Prime Reserve money market		X		5-28-91	X						
	T.Rowe Price GNMA Fund	X	X		5-28 Purch 6-27 Sold	X						
	Vanguard Fixed Income Securities Fund GNMA portfolio	X			7-2-91	X						
	Vanguard Pennsylvania Tax-Free Fund	X			7-2-91	X						
	Fidelity Spartan Money Market - pension		X		5-7-91			X				
	Fidelity Spartan GNMA Fund - pension	X			5-7-91			X				
	Fidelity Spartan GNMA Fund - pension		X		12-23-91			X				
	Fidelity Spartan GNMA Fund rollover IRA (from above)	X			12-23-91			X				
	T.Rowe Price Equity Income-pension-rollover to above Fidelity IRA		X		12-23-91	X						
	2 Westridge Rd, Cooperstown, NY			X	1-3-91				X			

Reporting Individual's Name
Joseph McDade

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Northeastern Bank of PA, Scranton, PA	Equity loan on 307 Clark Ave.,Clarks Summit	x						
	PNC Mortgage Servicing Co. Louisville, KY	Mortgage on 307 Clark Ave., Clarks Summit		x					

Financial Disclosure A-4

2491

Reporting Individual's Name
Joseph M. McDade

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions. Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions. Travel-related expenses provided by federal, state, and local governments, or by a foreign government * and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Jerry Ford Golf Tourn.Charity Vail, Colorado	Aug 8-13 1991	Lodging for four nights, 1 dinner, 1 reception for self and spouse	
The Congressional Institute (seminars on leg. & fed.policy)	March 14-16,1991	One-way bus and train fare from Wash DC to Princeton NJ 2 nights lodging, 2 1/2 days food, self only	
Metalworking Technology Inc. Johnstown, PA speech at dedication of Jack Murtha Technology Center (MTI was a principal sponsor)	Oct. 25 1991	Roundtrip airfare, Wash D.C. to Johnstown PA	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Joseph M. McDade

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Trustee	Kennedy Center for the Performing Arts
Trustee	Keystone Junior College
Trustee	Fords Theatre
Trustee	Robert Packer Hospital, Pennsylvania
Regent	Smithsonian Institution

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): 1/31/1992

GPO 1991 50-253 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers and employees.

(10)

James A. McDermott
Full Name

Post Office Box 20265, Seattle, Washington 98102
Mailing Address

Telephone 202 225 3106
206 553 7170

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State Washington District 7	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
James A. McDermott

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

Reporting Individual's Name
James A. McLennett

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							
	State of Washington Deferred Compensation Program					X											X														deferred retirement acct.
	State of Washington Retirement Account						X										X														deferred retirement acct.
	TIAA CREF Annuity						X										X														deferred retirement acct.
	Fidelity Bankers Life Annuity					X											X														deferred retirement acct.
	Keyport Life Annuity (formerly Keystone Provident)						X										X														deferred retirement acct.
	Mutual Shares mutual funds					X								X																	deferred retirement acct.

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
James A. McDermott

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Security Pacific Bank money market account			X										X							X								
Carlyle Limited Real Estate Partnership XII			X										X							X								
Carlyle Limited Real Estate Partnership XIII				X									X							X								
US Treasury obligations/bonds				X									X							deferred retirement acct.								
American Capital Pace/mutual fund			X								X									deferred/retirement acct.								
Hutton PRC Tech Partners			X								X									X								
Manhattan Fund/mutual fund			X								X									deferred retirement acct.								
Fidelity Select Money Market Fund			X										X							deferred retirement acct.								X
Gabelli Asset/mutual fund			X								X									deferred/ retirement acct.								X
Fidelity Cash Reserve Funds			X								X									X								
Paine Webber Money Market Fund		X											X							X								
Penn Mutual mutual fund		X									X									X								X
Mathers Fund mutual fund			X								X									X								X
Mellon Partners Limited Partnership stock		X									X									deferred retirement acct.								X
Schwab Money Market Funds			X										X							X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
James A. McDermott

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S DC JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Alliance Quazar mutual fund			X									X								X									

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Reporting Individual's Name: James A. McDermott

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Fidelity Select Money Market Fund		X		10-15-91	X						
	Gabelli Asset Fund mutual fund	X			10-16-91	X						
	Mellon Partners Limited Partnership / stock		X		7-8-91	X						
	Mathers Fund mutual fund	X			7-8-91	X						
	Penn Mutual mutual fund	X			3/21,6/27, 7/11,9/13, 9/23,10/7, 11/22,12/23/91	X						
	Real estate purchase: 1/2 ownership of 15-acre parcel, located in Okanogan County, Washington	X			11-16-91		X					

Reporting Individual's Name: James A. McDermott

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out. Loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X): B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Eric Trupin Seattle, Washington	Real estate contract, to purchase 1/2 ownership of 15-acre parcel, Okanogan County, Washington	X						

Financial Disclosure A-4

2500

Reporting Individual's Name
James A. McDermott

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Blue Cross & Blue Shield Eastern Regional Public Relations and Advertising Group		3-11-91	Car rental and hotel expenses, White Sulphur Springs, West Virginia. Annual Conference speaker.	
The Human Rights Project, Inc.		6-28-91 - 7- 7-91	Roundtrip airfare from Washington, DC to Guatemala City, Guatemala, meals and lodging. Human rights and health care fact-finding mission.	
Chinese Association of Industry and Commerce		12-12 12-16-91	Roundtrip airfare from Washington, DC to Taipei, Taiwan (Republic of China), meals and lodging. Fact-finding mission on trade.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

2501

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: James A. McDermott

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Financial Guaranty Insurance Co.	6-20-91	Roundtrip air transportation from Washington, DC to New York City, and dinner; dinner speaker on health care issues.	
Columbia Institute	11-9-11-91	Hotel expenses; speaker at California health care summit.	

Reporting Individual's Name: James A. McDermott

PART VIII – POSITIONS

Report the identity of all positions compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Member, Board of Sponsors	Washington Physicians for Social Responsibility
Member, Panel of Advisors	The Maritime Museum
Member, Board of Advisors	World Affairs Council
Ex officio Associate	Pacific Science Center Foundation
Member, Visiting Committee	Jackson School of International Studies, UW

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: James A. McDermott

DATE (Month, Day, Year): May 8, 1992

2503

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

HON. BOB McEWEN
(Full Name)

2431 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

(202) 225-5705
(Telephone)

6 HAND DELIVERE
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Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District 6th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the Filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	AMWAY	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2504

Reporting Individual's Name

HON. BOB McEWEN

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Type of Income (X)						Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X							X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
			314-316 Ida Circle, Lynchburg, Ohio				X							X											X				

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For additional assets and unearned income, use next page

Reporting Individual's Name

HON. BOB McEWEN

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

2506

Reporting Individual's Name
HON. BOB McEWEN

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
HON. BOB McEWEN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Focus on the Family		8/20-8/25	One way air from DC to London, 4 days food & lodging, for self & spouse	
Men of Charlotte (Calvary Church)		11/4-11/5	Roundtrip air from DC to Charlotte, NC; one night's lodging & meal	
Ohio Council of Retail Merchants		11/7	Roundtrip air from DC to Columbus, Ohio & meal	
Anti Defamation League		12/8-12/13	One way air from Israel to DC; 5 days food & lodging for self & spouse	
Campus Crusade For Christ		12/14-12/17	One way air from Israel to Albania to DC; 2 night's food & lodging for self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

2508

Reporting Individual's Name
HON. BOB McEWEN

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day, Year)
Bob McEwen	6/16/92

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 17 PM 2:57

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RAYMOND J. McGRATH
(Full Name)

205 Cannon HOB Washington, D.C. 20515-3205
(Mailing Address)

202-225-5516
Telephone

HAND DELIVERED

Filer Status	X	Member of the U.S. House of Representatives	State New York District 5th	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	American Financial Services Association	Spouse Salary	NA
	Circle E Leaseways	Spouse Salary	NA

2510

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

RAYMOND J. McGRATH

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX Over $1,000,000	
S DC JT	Examples	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X								X							
		182 Main Street, Dover, Delaware					X							X										X						
JT		First American Bank of Maryland Accounts				X									X						X									
		Bank of New York			X										X						X									
S		Putnam Fund for Growth			X								X								X									
S		New York State Retirement System*			X															X										
		*Value is based on contributions to system. I am not eligible for benefits.																												

For additional assets and unearned income, use next page

2511

Reporting Individual's Name
KATHRYN L. McGRATH

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-over
	Example ABC Corporation Common Stock	X			10-12-90			X				
	Sale of 20% interest in home of deceased mother 119 Buscher Ave. Valley Stream, N.Y.)		X		Oct. 3, 1990		X					

Page 1 of 7

Financial Disclosure A-3

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Reporting Individual's Name

RAYMOND L. McGRATH

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

2513

Reporting Individual's Name
RAYMOND L. McGRATH

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
New York State Business Council	Jan. 8-9, 1991	One way air fare Long Island to Albany for meeting (returned at own expense).	
New York State Hospital Assn.	Feb. 8 1991	Round trip air fare D.C. to Syracuse for meeting with hospital administrators and trustees.	
New York State Hospital Assn.	Feb. 22 1991	Round trip air fare D.C. to Rochester, N.Y. for meeting with hospital officials.	
New York State Hospital Assn.	Feb. 25 1991	Round trip air fare D.C. to Albany for meeting with hospital officials.	
New York State Hospital Assn.	March 1 1991	Round trip air fare D.C. to White Plains, N.Y. for meeting with hospital officials.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name
RAYMOND J. McGRATH

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Corning	Dec. 6-8	Round trip transportation D.C. to Augusta and two nights lodging for participation in legislative conference.	

Reporting Individual's Name
RAYMOND J. McGRATH

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Raymond J. McGrath	May 14, 1992

2516

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

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(10)

Matthew F. McHugh
(Full Name)

2335 Rayburn House Office Building — 202-225-6335
(Mailing Address) — Telephone

Washington, DC 20515

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 23	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2517

Reporting Individual's Name
Matthew F. McHugh

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X								X									X
		George Wash. Credit Union Accounts				X									X								X							
		182 Main Street, Dover, Delaware					X							X								X								
JT	One-half interest in real property						X					X	X											X						
	at 983 Taughannock Blvd., Ithaca,																													
	NY, including lot & 3 units--																													
	total price when purchased in																													
	April 1981 was $118,500																													
JT	One-half interest in real property		X											X								X								X

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Matthew F. McHugh

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
		at 5211 & 5213 Village Lake,																												
		Sarasota, FL, including 2 units--																												
		total price when purchased in																												
		June 1981 was $125,550																												
		Vanguard Money Market Fund				X						X										X								
		Fidelity Gov't. Securities Fund			X									X							X									X
	JT	Triborough Bridge Authority Bond			X									X							X									
	JT	Syracuse New York School Bond			X									X							X									
		Dreyfus New York Bond Fund	X											X							X									X
		Fidelity Select Elec. Utilities Fund			X							X			X						X									
		Fidelity Select Utilities Fund			X							X			X						X									X
	S	Providence S & L Assn. Accounts			X									X							X									
	S	Chevy Chase Savings bank Account			X									X						X										
		U.S. Treasury Note			X									X							X									X
		U.S. Treasury Bill			X									X							X									X

~~Schedule III~~ 2 (Form A)

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Matthew F. McHugh

S DC JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED "TRUST"	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK D Transaction (X)
	U.S. Government -- IRS													X						X									
JT	American Express Money Market Acct.	X										X								X									
	Twentieth Century Select Fund			X								X								X									X
	Scudder Income Fund			X								X																	X
	IRA Account with Shearson Lehman Bros.																												
	American Express Money Market Acct.		X									X							X										
	Appreciation Equity Mutual Fund			X								X			X				X										
	CATS Zero Coupon Bond			X																									
	CATS Zero Coupon Bond				X																								
	CATS Zero Coupon Bond				X																								
	IRA Account with Shearson Lehman Bros.																												
	Appreciation Equity Mutual Fund			X								X			X				X										
	American Fam Assoc. Retirement Acct																												
	Money Market Account				X								X									X							
	Aggressive Equity Mutual Fund			X																									

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Matthew F. McHugh

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)										
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	Transaction (X)
Dreyfus U.S. Treasury Money Market Fund					X							X									X							

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Reporting Individual's Name

Matthew F. McHugh

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	Five percent equity interest in Douglas & Chamberlain Corp.				09-27-91							
	This interest when transferred was worthless.											
JT	One-half interest in real property at 5211 & 5213 Village Lake,											
	Sarasota, Florida, including 7 units		X		March and May, 1991			X				
	500 shares of Divi hotels, ltd. common stock-sale price was		X		11-27-91							
	less than $1,000											
	Shares in Dreyfus NY Tax exempt bond Fund	X			02-08-91	X						
					06-06-91	X						
	Sale		X		04-10-91	X						
					07-31-91	X						
	Shares in Fidelity Government Securities Fund	X			06-06-91 to 11-15-91	X						
	U.S. Treasury Note	X			05-15-91	X						
	U.S. Treasury Bill	X			08-08-91		X					
	Shares in Fidelity Global Bond Fund		X		04-10-91	X						
	Shares in Scudder Income Fund	X			07-31-91	X						
	Shares in Fidelity Overseas Fund	X			04-10-91	X						
	Sold		X		07-26-91	X						
	Shares in Fidelity Select Utilities Fund	X			02-19-91 to 07-26-91	X						
	Shares in Scudder International Fund		X		07-31-91	X						

Reporting Individual's Name

Matthew F. McHugh

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE ☐

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Shares in Twentieth Century Select Fund	X			02-22-91 to 06-14-91	X						
	Shares in Vanguard Spec. Energy Fund		X		07-26-91	X						
	Shares in Vanguard V.S.P. Gold Fund	X			05-01-91	X						
	Sold		X		07-26-91	X						
	Shares in Vanguard World International Fund	X			04-10-91	X						
	Sold		X		07-26-91	X						

2523

Reporting Individual's Name

Matthew L. McHugh

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	First Federal S&L Assn. of Rochester, NY	mortgage on 403 Taughannock Blvd. Ithaca, New York		X					
JT	Crossland Mortgage Corp. Salt Lake City, Utah Mortgages Satisfied in 1991	mortgages on 2 units of real property at 5211 & 5213 Lake Village The Meadows, Sarasota, Florida		X					

Financial Disclosure A-4

Reporting Individual's Name: Matthew T. McHugh

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information, **see** Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and lunch	
ABC Corporation	Aug. 6-8, 1991*	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Center for International Policy	09-23-91	Round trip air travel from Washington, DC to New York City and	
		Newark	
Aspen Institute	08-23-91	Air travel from Washington, DC to Budapest, Hungary to Ireland,	
		including food and lodging for self and spouse, to attend	
		Conference on East-West Relations	

*Required to be reported under the Foreign Gifts and Decorations Act, 5 U.S.C. 7342.

Reporting Individual's Name
Matthew F. McHugh

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Director and Officer --	Douglas and Chamberlain Corp.
resigned in 1991	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** [ ] **No** [X] **NA** [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** [ ] **No** [X] **NA** [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
(Signature Needed)	May 11, 1991

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 14 ... 20

JOHN ALEXANDER McMILLAN III
(Full Name)

401 CANNON HOB
(Mailing Address)

WASHINGTON, D.C. 20515

Telephone 225-1976

HAND DELIVERED

(41)

Filer Status	☑ Member of the U.S. House of Representatives	State N.C. District 9	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
NONE			

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
J. ALEX McMILLAN III

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash. D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
AM. COLLEGE OF EMERGENCY PHYSICIANS	SPEECH	4/8/91	1,000
GROCERY MFRS. OF AMERICA	"	6/17/91	2,000
BASF, INC.	"	5/8/91	2,000
TOBACCO INSTITUTE	"	6/14/91	2,000
NAT'L MACH. TOOL BLDRS. ASSN.	"	5/21/91	2,000
PHILIP MORRIS COS. INC.	"	10/8/91	2,000

Reporting Individual's Name
J. ALEX McMILLAN

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X								X								X
	S George Wash. Credit Union Accounts				X									X								X						
	182 Main Street, Dover, Delaware					X							X								X							
	1ST UNION NAT BANK - CASH			X													NONE											
JT	1ST UNION NAT BK. - MONEY MKT						X							X							X							X
	CONGRESSIONAL FED CRDT. UN.			X										X					X									
	THOS M. MEYERS - IRA ACT																											
	HUNT MFG - STK			X								X							X									
	McGRAW HILL - STK										NA	X							X									X

For additional assets and unearned Income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: J ALEX McMILLAN III

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
		J M. SMUCKER - STK									NA	X								X									
		"									NA				X							X							X
		WATTS INDS - STK		X								X								X									
		GILLETTE CO. - STK		X								X								X									X
		ALEX BROWNE RES. FUND		X								X								X									
		JAS. M. MEYERS - ACT #2																											
		ALEX BROWNE RES. FUND		X								X								X									
		FIRST UNION CORP. - STK			X							X									X								
		RUDDICK CORP. - STK			X							X									X								
		JAS. M. MEYERS - FULL																											
		DISCRETION ACCOUNT (1)																											
		ALEX BROWN RES. FUND			X							X									X								
		ALBERTO CULVER - STK		X								X								X									
		AMERICAN HOME PROD - STK	X								NA	X								X									
		"									NA				X						X								X

2 (Form A) (1) SEE SCHEDULE A

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: J. ALEX McMILLAN III

S, D, C, J	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	BANDAG - STK			X								X								X									
	BERKSHIRE HATHAWAY - STK			X														NA	X										
	BRISTOL MYERS SQUIBB - STK			X								X									X								
	CHUBB - STK			X														NA	X										X
	CLOROX - STK	X									NA	X								X									
	"	X													X						X								X
	COOPER IND. - STK			X								X								X									X
	COLGATE PALMOLIVE - STK			X								X								X									
	"														X						X								X
	CRAWFORD CO - STK			X								X								X									
	CROWN CORK + SEAL - STK			X								X							X										X
	DISNEY (WALT) - STK	X										X								X									
	"														X							X							X
	EASTMAN KODAK - STK			X								X							X										X
	EMERSON ELECTRIC - STK			X								X								X									X

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name: J. ALEX McMILLAN III

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year-End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
		EQUIFAX - STK		X								X								X									
		GILLETTE CO. - STK		X								X								X									
		"													X							X							X
		HANNAFORD BROS. - STK		X								X								X									
		HERSHEY FOODS - STK		X								X								X									
		HUMANA INC - STK	X									X								X									
		"													X - LOSS						X - LOSS								X
		INTERPUBLIC GP - STK		X								X								X									
		JOHNSON - JOHNSON - STK		X								X								X									
		LAWSON PRODS. - STK		X								X								X									
		LOCTITE CORP. - STK	X									X								X									
		"													X							X							X
		MINN. MIN. + MFG. - STK		X								X									X								
		NALCO CHEM. - STK		X								X								X									
		NUCOR - STK		X								X								X									

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: J. ALEX McMILLAN III

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	PEPSICO INC. - STK			X							X								X									
	PHILLIP MORRIS INC - STK			X							X									X								
	PREMIER INDUST - STK			X							X								X									
	RUBBERMAID - STK			X							X								X									
	SEALRIGHT - STK	X									X								X									
	"													X							X							X
	SONOCO PROD - STK			X							X								X									X
	UST INC - STK			X							X									X								
	WARNER LAMBERTH - STK			X							X								X									
	WASTE MGMT - STK										X								X									
	"													X							X							X
	WATTS IND - STK			X							X								X									
	FMC CORP - STK	X												X						X								X
	HUTTON TIMBER PART. LTD PT.			X													ORDINARY		X	(LOSS)								
	SILVER BULLION			X														X										

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: J. ALEX M. MILLIKEN JR

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over	
JUSTICE OIL-GAS LTD. PT.				X														ORDINARY	X	(LOSS)								
McMILLAN CO. - STK SUB-S			X															ORDINARY	X	(LOSS)								
LOT 8-HIG & ISLAND-UCL		X													X										X			X
S 1st UNION NAT. BK. - CASH				X															X									
S COUG. FED CREDIT UN -				X										X						X								
S SOUTHEASTERN SAV BK -		X												X						X								
S LOLLWATER SYNDICATE - STK				X							EST. MKT. VAL.	X								X								
S INTERSTATE SECURITIES - IRA																												
GRAND METRO PLC STK				X									X							X								
PEPSICO INC. - STK				X															X									
U.S TREAS				X										X						X								
S 1st UNION NAT. BK. - TUA																												
RUDDICK CORP. - STK				X									X							X								
NUVEEN MON. MKT FUND				X										X							X							X
N.C. HSG FIN. AGENCY-BD.				X										X							X							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
J. ALEX McMILLAN III

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	N C STATE HWY BDS.			X										X							X								
	TAX-EXEMPT BOND FUND					X								X									X						X
	COMMON STOCK FUND					X						X										X							X
	"														X							X							
S	LOT 8 & FIG & ISLAND – 34%	X													X									X					X
S	HEALTH CARE PROPERTIES-LTD	X																ORDINARY	X										
S	FURMAN CO. - RENTAL PRODS.																												
	MINYARD – PLEASANTBURG DR				X													NET RENTAL				X							
	SMUGGLERS INN - GREENVILLE S.C					X												"					X						
S	LIBERTY LIFE TRUST - 25%																												
	IRREVOCABLE							X				X											X						
S	R E HOUSTON TRST - 25%				X							X									X								
S	BOYCE AVE. TRST - - 25%				X							X									X								
S	McMILLAN CO. - 80% SUB-S		X															ORDINARY	X		(LOSS)								

Reporting Individual's Name
√ ALEX McMILLAN Ⅱ

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY., YR)	Amount of Transaction: B ($1,001-$15,000)	C ($15,001-$50,000)	D ($50,001-$100,000)	E ($100,001-$250,000)	F ($250,001-$500,000)	G ($500,001-$1,000,000)	H (Over $1,000,000)
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	1st UNION PREMIUM MONEY MARKET ACT	X			10/5/91				X			
JT	"		X		12/30/91	X						
	LOT 8, FIGURE 8 ISLAND - 66 in		X		10/2/91				X			
	JAS. M. MEYERS - IRA											
	McGRAW HILL - STK		X		4/15/91	X						
	J.M. SMUCKER CO. - STK	X			4/17/91	X						
	"		X		8/22/91	X						
	GILLETTE CO.	X			5/21/91	X						
	JAS. M. MEYERS - FULL DISCRETION ACT.											
	AMERICAN HOME PRODUCTS		X		3/19/91	X						
	CHUBB - STK	X			11/15/91	X						
	CLOROX - STK		X		3/19/91	X						
	COLGATE PALMOLIVE - STK		X		10/17/91	X						
	COOPER INDS. - STK	X			8/19/91	X						
	CROWN CORK - SEAL - STK	X			1/16/91	X						
	DISNEY (WALT) - STK		X		10/17/91	X						
	EASTMAN KODAK - STK	X			1/18/91	X						

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Reporting Individual's Name
J. ALEX McMILLAN III

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000+
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	EMERSON ELECTRIC - STK	X			11/20/91	X						
	FMC - STK	X			4/17/91	X						
	"		X		7/31/91	X						
	GILLETTE CO. - STK		X		10/17/91	X						
	HUMANA - STK		X		1/16/91	X						
	LOCTITE - STK		X		3/19/91	X						
	SEALRIGHT - STK		X		6/13/91	X						
	SONOCO PRODS - STK	X			8/2/91	X						
	WASTE MGMT - STK		X		9/10/91	X						
S	LOT # 8 FIGURE 8 ISLAND - 34%		X		10/2/91			X				
S	1ST UNION NATIONAL BANK - TUA											
	NUVEEN TAX-EXEMPT BOND FUND		X		VARIOUS		X					
	"	X			VARIOUS		X					
	TAX-EXEMPT BOND FUND	X			VARIOUS	X						
	COMMON STOCK FUND		X		VARIOUS		X					

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Reporting Individual's Name
J. ALEX McMILLAN

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	CONG. FED. CREDIT UNION, WASHINGTON D.C.	AUTO LOAN	X						

Financial Disclosure A-4

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Reporting Individual's Name
T. ALEX McMILLAN

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
SEE ATTACHED SCHEDULE B		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
THE CONGRESSIONAL INSTITUTE	3/14-16/91	ROUNDTRIP RAIL TRANSPORTATION, WASHINGTON / PRINCETON, ROOM + MEALS W. SPOUSE. CONFERENCE ON CONGRESSIONAL ISSUES.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name
J. ALEX McMILLAN

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
CAMPBELL-RAUPE, INC.	4/25-28/11	ROUND-TRIP AIR TRANSPORTION, WASHINGTON / N. PALM	
		BEACH, ROOM-MEALS. SPEECHES - CONFERENCE ON	
		MAN-MADE FIBER, MACHINE TOOLS - ELECTRONICS.	
CENTRE FOR LEGISLATIVE EX-	4/1-4/11	AIR TRANSPORTATION, WASHINGTON OTTAWA -	
CHANGE.		TORONTO - WASHINGTON, MEALS - ROOMS W.	
		SPOUSE. FACT-FINDING MEETINGS ON CANADIAN	
		HEALTH CARE SYSTEM.	
PFEIZER, INC.	6/25-7/2	AIR TRANSPORT WASHINGTON/LONDON, MEALS, ROOM	
		W. SPOUSE. FACT-FINDING - MEETINGS - PHARMACEUTI-	
		CAL RESEARCH - REGULATION. MEET EXECUTIVES	
		OF LLOYD'S OF LONDON. ROUND-TRIP TO RESEARCH	
		FACILITY AT SANDWICH.	
BRITISH PETROLEUM	7/3-7/8	AIR TRANSPORT, LONDON/WASHINGTON, ROUND-	
		TRIP LONDON/ABERDEEN, MEALS, ROOM W.	
		SPOUSE. FACT-FINDING - PETROLEUM ENVIRON-	
		MENTAL RESEARCH - OFFSHORE DRILLING	
		OPERATIONS - MANAGEMENT OF GLOBAL PETRO-	
		LEUM ENTERPRISE. MEETING WITH U.K.	
		MINISTER OF ENERGY.	

Reporting Individual's Name
T. ALEX McMILLAN III

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
DIRECTOR	CENTER FOR PUBLIC TELEVISION - UNIV. OF NORTH CAROLINA
MEMBER	BOARD OF VISITORS, UNIV. OF N.C. AT CHARLOTTE
TRUSTEE	DARDEN GRAD. SCHOOL OF BUSINESS ADMN., UNIV. OF VIRGINIA
PRESIDENT	McMILLAN COMPANY

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: T. Alex McMillan III

DATE (Month, Day, Year): 5/14/91

SCHEDULE A

JAMES M. MYERS RESEARCH

Ideas For The Enterprising Investor

P.O. BOX 35415
120 COTTAGE PLACE

CHARLOTTE, NORTH CAROLINA 28235

704 1111710
N.C. Toll Free 1-800-632-8686

268-00202-17

DISCRETIONARY

Gentlemen:

This will confirm your employment as Investment Counsel to supervise and manage the investment of the assets designated by us. The assets in this account may be placed with such custodian or broker as we may from time to time designate, and we understand that you shall not at any time have physical possession of any of our cash, securities, or other assets of this account. We also accept notice that you may act for other clients.

We designate James M. Myers & Co.
as the custodian and/or broker for this account.

We authorize you, as you see fit, to direct the custodian and brokers from time to time whether, when, where and how to buy, sell, change, invest, reinvest, retain, or deposit any or all of the assets of this account, the proceeds thereof and additions to it, and you may take any action or non-action that you deem appropriate, without any other consent or authority from us, and you may exercise your discretion and deal in and with such assets exactly as fully and free as we ourselves might do as owners thereof; and such custodian and brokers are hereby authorized to rely upon your direction without further acknowledgement from us.

It is understood that you shall maintain records on our account and shall furnish quarterly statements showing the composition and market value of the account. You shall have no responsibility for monitoring those items requiring action by the holder such as voting rights, exercise of warrants and rights to subscribe to additional stock, or other items over which you have no control as a result of not maintaining custody.

You represent and warrant that James M. Myers Research is an Investment Adviser as defined in the Investment Advisers Act of 1940. Furthermore, you are a "fiduciary" (within the meaning of ERISA) with respect to Retirement Funds under your management, insofar as you are an "investment adviser" as defined in Section 3(38) of ERISA.

(Over)

We arrange to pay for your services an annual fee of 1%, which will be paid in installments at the end of each calendar quarter.

We acknowledge receipt of SEC Form ADV Part II and your brochure.

Neither party may assign this agreement without the written consent of the other. This agreement is subject to cancellation by either party upon 5 days written notice to the other.

The use of the words "we", "us" and "our" in this agreement shall include an individual, trust, partnership, or corporation, as is appropriate for the undersigned.

This _____ day of _____, 19 _____.

Accepted and agreed to as of the above date.

JAMES M. MYERS RESEARCH, INC.

BY: _____

SCHEDULE B

GIFTS 1992

1991 calendar, "Faces of The Poor," Catholic Relief Services

JANE'S DEFENCE WEEKLY, yearly subscription, $145.00

1991 First Amendment Calendar, Gannett Foundation

1991 PHYSICIANS DESK REFERENCE, Sandoz, $49.95

INTERNATIONAL ECONOMIC INSIGHTS, Exports: R for America? Institute for International Economics

AVIATION WEEK & SPACE TECHNOLOGY, McGraw-Hill Aviation Week Group, $10.00

THE WASHINGTON REPORT ON MIDDLE EAST AFFAIRS, American Educational Trust, $2.00

THE AMERICAS IN A NEW WORLD, The Aspen Institute

THE AMERICAN JOURNAL OF TAX POLICY, The American Journal of Tax ^Policy School of Law, University of Alabama

THE ALMANAC OF SEA POWER, 1991, Navy League of the U. S.

Rural Electric Sourcebook, National Rural Electric Cooperative Association

Monthly box of N. C. Peanuts, Hubbard Peanut Company

"Buy American" poster, Wal-Mart

12 "Heart" cookies, Cong. Tim Valentine

Tote bag of Cosmetic and toiletries, Cosmetic, Toiletry and Fragrance Association

Tray of Chocolate-iced cookies, National Retail Baker's Week, 2/7-2/23 Retail Bakers of America

LIFE: IN TIME OF WAR, list edition, weekly magazine, Time Warner, Inc., $2.50

Guest Pass, American Film Institute, Kennedy Center

A STREET IS NOT A HOME, Solving America's Homeless Dilemma, Law Library Justice Foundation, $14.95

Rural Electric Sourcebook, National Rural Electric Cooperative Association.

THE WAY TO HAPPINESS, Way to Happiness Foundation, Hollywood, California

1991 Directory of County Officials, NC Association County Commissioners, $15.00

DIRECTORY OF INFORMATION/REFERRAL SERVICES IN US/CANADA, 1989-1990, Alliance of Information and Referral Systems, Inc.

CAMPAIGNS AND ELECTIONS magazine, February, 1991, Campaign & election, $15.00

1991 Calendar, Amtrak

HOTEL & MOTEL RED BOOK, Official Airline Guides, Richard A. Nelson, Publisher, $45.00

NORTH CAROLINA, A Photographic Journey, Linda C. Williams, First Union, $14.98

GENERATIONS, compliments of Senator Albert Gore and Congressman John Edward Porter, $22.95

Necktie: Red, white, blue with stars. Ralph Marlin

Research Almanac and Statistical Digest, Josh McDowell Ministry

1 pound block bittersweet chocolate, American Chocolate Week, Chocolate Manufacturers Association

THINGS YOUR DAD ALWAYS TOLD YOU BUT YOU DIDN'T WANT TO HEAR, collection of sayings. Ruth Hill, constituent

Program of Congressional Medal of Honor Society 1991 National Patriots Award, Video tape, Chambers Development Co., Inc.

AMERICAN SOCIETY OF COMPOSERS, AUTHORS AND PUBLISHERS, 2 volumes, Copyright Law Symposium.

THE DEFENSE REVOLUTION, Air Force Association, $19.95

"Watch on Washington", video tape, Brian Houck, Southern Bell

THE BLOOD OF THE MOON, Coral Ridge Ministries

Pallet of watercolors, NYNEX

AMERCIAN WAY magazine, American Airlines

THE WISDOM OF THE AGES IN ACQUIRING WEALTH, Welles Wilder, McLearsville, North Carolina

Yellow plastic ribbon, Modern Display Plastics, Inc., Cong. Traficant

COMMON SENSE, Mary Kay Cosmetics, Inc.

TRIO coffee cup, TRIO Education Association

Giant pencil and sharpener, Cable In TheClassroom

PEACEFUL INVASIONS: IMMIGRATION AND CHANGING AMERICA, Center for Immigration Studies

4 green bagels for St. Patrick's day, Cong. Rosa O'DeLauro

OFFICIAL PGA TOUR 1991 TOUR book, Timothy W. Finchem, Deputy Commissioner COO-PGA, Inc.

Irish Cream Mints, National Association Tobacco Distributors

JOURNAL OF HEALTH CARE FOR THE POOR AND UNDERSERVED, Dale Dirks, Pres., Health and Medicine Counsel of Washington, $10.00

13 West's 1991 Pocket Diary, Capitol Edition, West Publishing Co.

TRAVEL & LIFE, complimentary year's subscription, Preferred Hotels, $2.95 per month

BOBA (garment), Rev. Mon E. Igbinosa, $30.00

1991 Public Affairs Assembly marble coaster, FMI; NAWGA; NACS

Family Pass to The Hermitage, Tennessee, Congressman Bob Clement

AMERICAN HERITAGE, Special travel issue, $4.50

THE WINE SPECTATOR magazine, Congressman Pete Stark, $2.50

DESERT WAR: A VICTORY SCRAPBOOK, Fayetteville OBSERVER-TIMES

GLOBAL magazine, January, Februray, March, 1991 issue, Bull HN Information Systems, Inc.

"The People's Voice" poster, NC Credit Union League

"I'm Proud of Our Troops and The USA," red, white, blue ribbon, Bob Skidell Enterprises, Inc.

PEACE CORPS TIMES, 30th Anniversary keepsake edition

"Guest Conductor" show, WGMS tape, AMOCO Corp.

Carowinds 1991 Gold Card pass, CAROWINDS

COLUMBIA, LAND OF FLOWERS, Columbia Flower Council

Ceramic coaster, Capitol Services, Inc.

6 boxes Harvest Crisps crackers, RJR Nabisco

COMMIT TO QUALITY, Patrick L. Townsend, Congressional Institute, Inc.

THE BUSINESS WORLD, quarterly, The N. Y. Times Magazine

"Voices That Care," video tape by entertainers, benefit USO. American Red Cross Gulf Crisis Fund, Time Warner.

American flag/NC flag, lapel pin, Forest City Flagpole Co.

1991 Calendar/Handbook, Green Thumb, Inc.

AMERICA AND THE POST COLD WAR WORLD, Henry M. Jackson Memorial Lecture

NATURAL GAS AS A SECOND LANGUAGE, Natural Gas Desk Book, Mobil Natural Gas, Inc.

Major Environmental Issues: BP Exploration (Alaska) Inc., 3rd edition, 3/91

Yellow and blue goodie bag, National Association Convenience Stores, $29.50

AN AMERICA THAT WORKS: THE LIFE-CYCLE APPROACH TO A COMPETITIVE WORK FORCE, American Gas Association

N. C. CAPITAL GUIDE, 1991-91, NC Alliance Community Financial Institutions

Philip Morris and The Arts, A 30 year celebration

Jar RAGU, UNILEVER

Map and pictorial magazine, National Park Service

Harvard Business Review, March-April 1991.

BIOSPHERE POLITICS, Jeremy Rifkin, Crown Publishers $20.00

4 bunches of mixed flowers, Society of American Florists

MAGGIE's FANCY Glen to Grove, UNCC

USA, The Council of Great City Schools, Urban Schools of America, Jostens Learing Corporation

Large pink azalea, William L. Hardin, Sr., Liberty, NC

FOREIGN AFFAIRS, AMERICA and THE WORLD, 1990-1991, $6.95

POWERNOMICS, Economics and strategy after the Cold War, Economic Strategy Institute, $16.95

1991 FEDERAL EMPLOYEES' ALMANAC, Federal Employees News Digest, $5.95

Zee Medical First Aid Kit, McKesson Co., $12.00

All-American BBQue Apron, Schering-Plough

Health Affairs, Spring, 1991, $14.00

Standard & Poor's Ratings Group, Life/Health Edition, Spring 1991, S&P's; Insurer Solvency Review; Property/Casualty Edition, Spring '91 and Global Reinsurance Market Report

JOURNAL OF LEGISLATION, Winter 1990, $7.50

THE THRIFT DEBACLE, U. California Press

PHYSICS TODAY, Apeical Issue, Astronomy and Astrophysics, April, 1991, $2.00

ALASKA magazine, complimentary subscription, Grant Sims, Editor $2.95

ACROSS THE TABLE, EATING WITHOUT FEAR magazine, Fertilizer Group, Inc.

POLICY IMPLICATIONS OF GREENHOUSE WARMING, ^National Research Council, $14.95

10 copies N.C. Congressional directory 102nd Congress, United Telephone

Pink chrysanthemum cloisonne plaque, Steele Co. Republicans

THE ENVIRONMENT, special issue, AAA World, $1.00

BIONOMICS, The Inevitability of Capitalism, Interop, Inc. $24.95

HOME HEALTH CARE DEALER, March and April, Allied Health Care Publishers

Firefighter Poster, Commissioned by Coors, Congressional Fire Sevices Caucus

25th Annual issues, 1991 BOOK OF LISTS, The BUSINESS JOURNAL

Energy Strategy: Roadmap to Consensus, American Energy Assurance Council

THE EFFECTS OF CORPORATE INTER-RELATIONSHIPS On JAPANESE OEM SOURCING, Report of the Motor and Equipment Manufacturers Association

Facts and Figures, A graphical analysis of World Energy up to 1989, Organization of the Petroleum Exporting Countries

FOREIGN AFFAIRS, Spring, 1991, $6.95

ENDEAVORS, Research and Graduate Education at UNCC, 1991, Vol VIII, No. 2

BACKWOODS, Home Magazine $13.50

TERRORIST, (paperback) Villard Books $5.95

ADVERTISING RIGHTS THE NEGLECTED FREEDOM, Toward a new Doctrine of Commercial Speech, American Association of Advertising Agencies

THE PRIVATIZATION REVIEW, Winter 1991, The Privatization Council

Video, National Rifle Association of America's Ad to be run in N.C.

"Investment Vision", Susan Felman, Editor In Chief $2.50

VISION, Federation of Turkish American Societies, Inc.

"National Parks & Conservation Association" Special Issue: 75th Anniversary, National Park Service, $2.50

"Shopping Centers Today", May 1991, International Council of Shopping Centers

"National Weight Loss Month," Mutri-System products:
Microwave popcorn, butter pretzels; nacho-favored chips; sesame pretzels; fruit flavored candy tarts; chocolate chip cookie; chocolate snack bar; large plastic drinking container and straw

Travel alarm clock, birthday remembrance, NYNEX, Barbara Morris-Lent

Video, interview for 15th annual legislative conference, Independent Insurance Agents of America

"TITLE VII's FAILED PROMISE, The Impact of the Lack of a Damages Remedy" National Women's Law Center

North American Waterfowl Management Plan, U. S. Implementation Broad

THE TRIAL OF AMERICA BY GOD, $2.50 (anonymous)

"Integrating Commercial and Military Technologies for National Strength" Center for Strategic and International Studies

1991 Visitors Guide to "The Topsail Area;" "The Heart of Costal Carolina," compliments of Cong. Martin Lancaster

"The Capital Source" Spring 1991, 2 copies $29.95 each

Peanut Butter, Consumer Alert Advocate

Advance edition, bottle Giorgio Men's Cologne, Giorgio Beverly Hills

ROAD ATLAS, 30th Anniversary Diamond Edition; personalized, Allstate Motor Clubs

6 chocolate golf balls, Mary Moore Hamrick

Bag Vidalia onions, Piggly-Wiggly

Birthday carrot cake, Sears Roebuck and Company

Pretzel, Public Utility Holding Company Act

Radon Testing Kit, Air Chek, Inc.

Medallion, Limited edition, Navy League of the U. S., Newport Beach Council

1991 Children's Index, Child Advocacy Institute

1991 Directory North Carolina Municipal Officials, N. C. League of Municipalities

Directory of Mutual Funds, 1991, Investment Co. Institute

THE PRIZE, Cambridge Energy Research Associates, $27.50

Black bookmark, "60 Years of Sound Financial Regulation 1931-1991, State of N. C. Commissioner of Banks

6 sheets of Aunt Julia Norwegian Potato Lefse, Cong. Collin C. Peterson

"Yakety-Yak--Take It Back" All-star music video, public service campaign promoting recycling education and action, Cong. Robert Torricelli

"Caring for the Uninsured and Underinsurred" Compendium from the Specialty Journals of the American Medical Association

JAMA, The Journal of the American Medical Assocition, May 15, 1991

Notre Dame, The Unfolding Vision

AAA "Guide to North America's Theme Parks" $10.95

"Physics Today" May 1991, American Institute of Physics

"Center" May/June, 1991, Magazine of Rockefeller Center

Child Survival 1985-1990, 6th Report to Congress on the USAID Program, U. S. AGency for International Development

"Soviet Agents of Influence" Series 3, Center for Intelligence Studies

"Journal of Inter-American Studies and World Affairs" Spring 1991, University of Miami

"Civil Rights Act Amendment" Compendium of News Articles and OpEd pieces, April 3, 1991, Association of General Contractors of America

IN DEPTH, Spring, 1991, Journal of Washington Institute for Values in Public Policy $5.95

CARING PEOPLE, Volume 3, December 1990 $7.50

Poster, National Osteoporosis Prevention Week, May 12-18, 1991

"Playing by the Rules, A Proposal for Federal Budget Reform," Federal Reserve Bank of Minneapolis

1991 Army Athletic Association Membership, West Point

"Air & Space" magazine $3.50

"The Economic State of The Construction Industry," Special Report, May 1991, Association of General Contractors of America

"Harvard Business Review" May-June, 1991

Welcome Home poster, Compliments of American Ex-Prisoners of War

"America's Frontline Trade Officials" The Center For Public Integrity

Soldier and Celebrate Freedom, 2 cassette tapes, Spirit of Freedom Foundation: Tennessee Organization

Coffee mug and trivet tile, The Association for Manufacturing Technology

"Steel At A Glance" May, 1991, Armco, Inc.; Bethlehem Steel Corp; Inland Steel Ind., Inc.; Ltv Steel Co., Inc.; National Steel Corp.; USX Corp.

Video tape, America 2000, Secretary Lamar Alexander, Department Education

"Guide to Washington Area Artists and Cultural Organization" 1990-91 edition, Cultural Alliance of Greater Washington

"U.S. Budget for a New World Order, FY 1992" Oversees Development Council

CAPITOL GUIDE, 102nd Congress, U. S. Service League of Savings Institutions, 1991

"Our National Parks," 75th Anniversary Celebration, Summer Special Life Magazine

"Alaska's Arctic" compliments Cong. Don Young

"Warning: Truck Trains Ahead", video, American Automobile Association

1991 Soy Stats Reference Guilde, American Soybean Association''

Looking For Oil in All The Wrong Places: Facts about oil, natural gas and efficiency resources, February, 1991, National Resources Defense Council

A JOURNAL OF THE FOUNDATION FOR THE U.S. CONSTITUTION, Vol. 3, Spring/Summer, 1991

Miniature billboard with MADD message, Outdoor Advertising Association of America

One-stop shopping, "The Road To Healthy Mothers and Children," National Commission to Prevent Infant Mortality

2 cans whole sweet potatoes, Sweet Potato Council of the U. S. and Cong. Clyde Holloway

"The Road Information Program 1991 State Highway Funding Methods", The Road Information Program

"American Journal of Diseases of Children" May issue

European Community '92 New Issues and New Developments", April, 1991 National Association Manufacturers

1989 Report on U. S. Government International Exchange and Training Activities, U. S. Information Agency

"1991 Media Guide" 6th Annual Edition, Repap Corp. $29.95

"Hotel and Motel Red Book" North American Edition, June-August, 1991 $45.00

"Consumer Reports" June 1991, Consumers Union

"Career Training", May 1991, Journal of The National Association of Trade and Technical Schools

1991 Edition "Rainbow Collection,"oung Writer's Contest Foundation

MY JOURNEY INTO ALZHEIMER'S DISEASE, Southern Piedmont Chapter Alzheimer's Association $7.95

JOURNAL OF LEGISLATION, Winter 1990, Notre Dame Law School

1991 BOOK OF LISTS, 5th Anniversary Issue, The Business Journal

"Physics Today," April 1991, Special Issue: Astronomy and Astrophysics

POWERNOMICS, ECONOMICS & STRATEGY AFTER THE COLD WAR, Economic Strategy Institute Sourcebook $16.95

"PHILIP MORRIS AND THE ARTS, A 30 YEAR CELEBRATION," Catalog

"The Henry M. Jackson Memorial Lecture" Henry M. Jackson Foundation

1991 Calendar/Handbook, Green Thumb Employment and Training

WETLANDS: OUT ENVIRONMENT< WHOSE PROPERTY? Pennsylvania Landowners Association, Inc.

1991 Guide to Social Security and Medicare, 19th Edition, Wm. Mercer, Inc.

Wooden Plaque, 1991 Congressional Fire Services Caucus

Plastic model, "walking" touch tone telephone

"The Merck Manual of Geriatrics

State of North Carolina Telephone Directory, Rural Electrification Authority

BANKRUPT, Restoring the Health and Profitability of Our Banking System, Mcinsey and Co., Inc. $22.95

Poster "Pray for Peace"

Investment in Missouri, Peat Marwick

"The U. S. and Japan in 1991: Discord or Dialogue, SEMATECH

"Rebuilding Eastern Europe" Deutsche Bank, Economics Department

"Occasional Papers/Reprints Series in Contemporary Asian Studies #2, 1991, School of Law, University of Maryland

Pocket knife with 1985 penny, Association for Manufacturing Technology

2 miniature flags: "Don't tread on Me" and flag of red stripes

"Please Don't Make Waves" cassette, Alamo Christian Church

HRMagazine on Human Resource Management, June 1991 $5.00

Miniature plastic billboard with characture of Alex McMillan

2 1/8 pound plastic container shelled pecans

"The Big Click," Photograph of one day in North Carolina $39.95

"A Future of Consequence, The Manager's Role in Health Services" Association University Programs in Health Administration

"Uniformed Services Journal" June/July, 1991, National Association for Uniformed Services Society of Military Widows $2.50

Health Care Financing for All Americans, Public Market Reform and Public Responsibility, Health Insurance Association of America

"The State of Mathematics Achievement," National Center for Educational Statistics

"Are We Permitted to Hate?" Alamo Christian Church

Rattle: "Baby's Best Friend" Eagle Forum

"Congressional Directory, 102nd Congress, 1991-'92"; Portland Cement Association

"Congressional Handbook, 102nd Congress, 1991-'92"; Motor Vehicle Manufacturer's Association of the U. S.

"Regardie's" Magazine, June/July '91 $5.00

"The AAA Car Buyer's Handbook" and Auto Test, AAA, $9.95

Sleeve of 3 Wilson Tennis Balls, Communication Workers of America

"Committed To Our Community" redi-sack, reusable cloth shopping bag and The National Grocer Magazine, Summer, 1991, National Grocers Association

Congressional Golf Tournament:
Polo shirt, Mazda
1 package of tees
Visor, Mazda
Golf umbrella
Golf bag cover
Box 12 Titleist balls
Glass Urn
Trail mix, A. L. Bazzini Co., Inc.
Mish, Baryshnikov perfume
Grey Flannel, Listen Nina Society
Toothpaste, Colgate Palmolive
Golf towels, Del Monte Foods
Sunglasses, The Bonneau Company
Tees, ball markers, Everready Batteries
"American Institute of Physics" June 1991 $2.00
"Off" insecticide, S. C. Johnson
35mm film, Polaroid Corp.
Golf tees, ball markers, Sunkist Growers, Inc.
Super Valu hats, West Coast Grocery Company
Azzaro cologne, The Wilkes Group
Chewing Gum, Wm. Wrigley Jr., Co.
Mirrors, Seiko Time
Coppertone Sport sun lotion, Schering-Plough Health Care
Mitchum deodorant, shampoos, Revlon
Fritos, Doritos, Frito-Lay
Right Guard Sport Deodorant, Gillette Co.
Golf Bag & tee shaped trays, Grainware
Shower to Shower powder, Reach toothbrushes, Bandaids, Johnson & Johnson
Golf shoe cleaner, Kiwi Co.
Golf visors, coffee, Kraft General Foods

M&Ms, Snickers, Mars
Wall St., Aquar DeSilva cologne, Victor Milano Company
Oreos, Chips Ahoy, towels, Nabisco Biscuit Company
Noxema shave cream, Noxell Corp.
Hats, Ocean Spray Cranberries, Inc.
Chessman Cookies, Pepperidge Farms
Sports bags, cards, balls, umbrellas, putters, Philip Morris USA
Schick slim twin razors, Warner-Lambert Co.
Advil analegesic, Whitehall Laboratories

Visor, Independent Insurance Agent

Inflatable neck pillow with pouch, Winchester Home Healthcare, Charlotte

Washington Directory, 102nd Congress, Health Insurance Association of America

3 baby rattles from constituent urging support of "Current Title X Regulations"

Monthly delivery of 200 bags of N. C. peanuts, NC Peanut Growers Association

Coffee cup, "Party Smart", Beer Drinkers of America, Education project

"Legislative Directory, 102nd Congress" Interstate National Gas Association

Lapel button HR/5 Alliance to Keep American Working

"A Guide To The 102nd Congress" LTV Corp. 2 copies

Poster, "Library Compact" Friends of Libraries, USA

2 buttons BINGO/ American Movers Conference

1991, 23rd Edition, "Guide For Service Officers, Veterans Benefits" Veterans of Foreign Wars of U. S.

Aerial photograph of Charlotte, Constituent, Rusty Goode

Floral poster, Mint Museum

Republican Leaders Golf Tournament:
T shirt $6.00
plastic containeer 3.00
2 golf towels 3.00
2 kleenex packs .50
1 4 oz. Coppertone 1.50
2 chapsticks .50
1 compact first aid kit 4.00
6 golf balls 12.00
1 tote bag 1.50

Bumper sticker: "Celebrate German-American Day" October 6th, German American National Congress

HRMagazine on Human Resource Management, July, 1991 $5.00

"Teamwork for Tomorrow"; Video SEMATECH

Pewter Jefferson Cup engraved with LEAD Program, Darden Business School

U.S. NEWS, April 29, 1991, Reprint of "America's Best Graduate Schools" NC State University listed

"FW" Financial World Magazine, August 6, 1991 $3.00

Video "Chambers...A Partner For The Future" Chambers Development Co., Inc.

"Insights", Summer, 1991 Warner-Lambert Co. $5.00

6 South Carolina peaches and recipes, courtesy of Cong. Liz Patterson

Inflatable "globe" for Geography Awareness Week, Congressman Kildee, Green and Panetta

Video, "Changing Schools for Changing Times" WTVI

"Paper plate clock" Re: HR 1505, The Bucket Brigade

2nd Annual Memorial Day concert, video, General Dynamics Corp.

"Funworld" August 1991, International Association of Amusement Parks and Attractions $2.50

2 pair Navy Gold Toe socks, National Association of Hosiery Manufacturers

WORLD ATLAS, Merck and Co., nc.

HRMagazine, Human Resource Magazine, August 1991 $5.00

Athena Magazine, July, 1991 $2.00, Insitute of International Political and Strategic Studies, Athens, Greece

Video, CPB Reauthorization Hearings, July 1991, America's Public TV Stations

Navy Sports Annual 1991-1992, US Naval Academy $6.95

"American Heritage" magazine, September 1991 $4.50

"Alaska" magazine, September 1991 $2.95

"Travel South" magazine, Fall, 1991, Southern Living $2.50

"The Environmental Magazine" September/^October 1991 $3.50

"Currents" Advertising, P.R. Marketing, Summer, 1991 $4.00

1991-92 Jewish Art Calendar, Chabad Lubavitch

5 plastic cups IBM Personal System/2

"World Monitor" September, 1991, Christian Science Monitor Monthly $2.50

"Sierra" magazine, September/October, 1991, The Sierra Club $2.95

STATE OF THE WORLD, Turner Broadcasting System, Inc. $10.95

"The Mid East" World Press Review, September 1991 $2.95

"Jewish Monthly" August/September, 1991 The B'nai B'rith International $2.00

Escape .33 oz. perfume purse spray, promotional

"Uniformed Services Journal" August/September, 1991 $2.50

Larry King Live Show, cassette, American International Automobile Dealers Association

"KAL 007 Questions Remain Unanswered" September 10, 1991 The John Birch Society, Inc. $2.50

American Consulting Engineers Council, Summer '91 edition $5.00

ETHICS: 1991, EASIER SAID THAN DONE, Josephson Institute of Ethics $15.00

Silverplated spaghetti server, 9th Annaul Chef D'Oeuvre Reception, National Restaurant Association

PUPPET MASTER, Bantan Doubleday $4.99

2 pounds country ham slices and 2 pounds country bacon, N. C. Pork Producers

"S. C. Wildlife" September/October, 1991 $3.00

"Constitution", Fall, 1991, A Journal of The Foundation of The U. S. Constitution $10.00

Honorary Membership, National Fire Protection Association, expires: 7/92

Poster, "Microchip" SEMATECH

"Business Properties" Fall, 1991, S. E. Publishing Ventures, Inc. $5.00

"American Heritage" October, 1991 $4.50

Gummed notepad; pencil and digital clock, MCI

One dozen ULTRA golf balls, Schering-Plough

EURO-QUAKE, Martin Edelston, Boardroom, Inc., N.Y. $22.95

Video, "A Case for PACs" Natiolnal Association of Realtors

HRMagazine, Human Resource Management, September, 1991 $5.00

"Cable in the Classroom" September, 1991, National Cable Television Association $3.00

"Air & Space" October/November, 1991, Smithsonian Magazine $3.50

Barnum's Animal tin container with 3 boxes of animal crackers, Steel Recycling Partnerships

Poster and Coor's beer can with "Firefighters", Coors

Strawberry and Apricot jam; napkin; napkin ring and jam spreader, Smuckers

Video, "Seawolf, The Inside Story" ^Naval Submarine League

TDC, The Discovery Channel magazine, September, 1991, Discovery Communications, Inc. $2.50

Video, "First Born", Bell South

Container of fresh mushrooms courtesy Congressman Dick Schulze

Video, "Tongues Untied" National Endowment for the Arts, Christian Coalition

Video, Welcome Home, National Victory Celebration, Production Group, Int'l.

"Used Car Dealer", National Independent Auto Dealers Assn., September, 1991 $3.00

"Policy Review" Fall, '91, Heritage Foundation $4.50

DEMOCRACY OR BABEL?, paperback, U. S. English

"Rotor & Wing" International magazine, October, 1991 $5.00

"MAUI, Inc., The Next Decade, September/October, 1991 $3.00

24 Oatmeal/chocolate chip cookes in mesh tote bag, Nestle' USA, Inc.

Cassette, Smithsonian Jazz masterworks Orchestra, National Museum of American History

International Space Year 1992 calendar, Rockwell International Corp.

Harvard Business Review September/October, 1991

"Hispanic" October, 1991 $2.00

"Foreign Affairs" Fall, 1991 $6.95

South East Tourism Society Annual Visit:
2 tone blue canvas tote bag:
SOUTHERN LIVING, 1990 ANNUAL RECIPES
"SOUTHERN LIVING" magazine, September, 1991 $2.50
"Travel South", Fall 1991 $2.50
"Southern Accents", September, 1991 $4.00
"Progressive Farmer", September, 1991 $2.25
LA BONNE CUISINE, Cooking New Orleans Style $11.95
TENNESSEE THROUGH THE LOOKING GLASS $19.95
VIRGINIA: An Aerial Portrait
Video, Paul Ott and Mississippi State Delegation
Bottle Florida Keys ad Key West Lime Juice
American Classic Tea, Charleston, South Carolina
Bottle Love Water, mineral water, Lithia Springs Mineral Water, Inc.
Jar Apple Butter, Forge Mountain

2 gift bags from New York Congressional Reception:
Bottle Advil, American Home Products
Necklace, Avon Products
Moisture Tears, Bausch & Lomb Inc.
Keri Lotion, Bristol-Myers Squibb Co.
Apple Pins, Consolidated Edison Company of NY, Inc.
Clip On Lights, Continental Insurance Company
Flashlight Key Rings, District 2 M.E.B.A.-A.M.O., AFL-CIO
Mugs, Dunn & Bradstreet Corp.
35mm Film, Eastman Kodak Compnay
First Aid Kits, Group Health Inc.
Golf Towels, Grumman Corp.
Notepads and Pens, International Ladies' Garment Workers' Union
Baby Care Products, Johnson & Johnson
Posters, Manufacturers Hanover Copr.
Trvel Mugs, MetLife
Band-Aid Kits, National Association of Letter Carriers
Magnets, National Broadcasting Company, Inc.
Tape Measure, New York Power Authority
ggage Tags, New York Telephone
Recipe Booklet, New York Wine and Grape Foundation
Night Lights, North American Philips Corporation
Sweat Bands, Paramount Communications, Inc.
Gift Bag, ^Pfizer, Inc.

Tennis Balls, Philip Morris Companies, nc.
Mugs, Republic National Bank of New York
Tropicana Orange Juice, Joseph E. Seagram & Sons, Inc.
Midol, Sterling Drug, Inc.
Paper Clips, Xerox Corp.

A Guide to the 102nd Congress, LTV Corp.

1991 Poster calendar, A Congressional Picnic, The White House, Zambelli, The First Family of Fireworks.

Carolina blue and white golf umbrella, National Association of Real Estate, Marty DuPoy

1991 calendar, "In War We Serve...In Peace We Trade", District 2 MEBA-AMO, AFL-CIO

1991 Calendar of African-American History, AETNA

1991 Calendar, Rand Corporation

1991 Calendar and annual report, Taft Institute

December 15, 1990 edition, NATIONAL JOURNAL

1991 Calendar, State Farm Insurance, John Cherry, Agent (constituent)

Associate Membership in United Federation of Police, Tri-County; N. Y. State and United Federation of Police, Inc.

Gift Subscription, CONSUMER REPORTS, $7.95

1991 ElectriCities Calendar and Annual Report

THE RAPE OF KUWAIT, anonymous donor

1991 calendar, W. H. Long Marketing, Inc.

Golf Shoes from Congressioal Golf Tournament, SUMMER 1990

"Hold High The Torch" The Grange in N. C., N.C. State Grange 1929-1989

Schick Tracer razor, Warner-Lambert Company

First-air Kit, compact size, Helth Industry Distributors Association

POLICY REVIEW, Winter 1991 (Flagship Publication of The Heritage Foundation, $4.50

ISSUES, In Science & Technology, National Academy Sciences/Engineering Institute of Medicine, $9.00

1991 Wild Kingdom Calendar, Mutual of Omaha

1991 Personalized pocket calendar; J. Billie Ray, Jr., Southern Bell

1991 calendar, "Very Special Arts," Very Special Arts Education Office

1991 Calendar, United Nations Development Fund for Women

'90-'91 Impact Aid, Blue Book, National Association of Federally Impacted Schools

1991 Calendar, National Alliance of Postal and Federal Employees

1991 Calendar Photographic calendar, Ambassador Kimgdom of Saudi Arabia, HRH Prince Bandar bin Sultan

THE NEW MILLENIUM, Pat Robertson

CHEMISTRY LOOKS TO THE FUTURE, BASF Corp.

SADDAM HUSSEIN AND THE CRISIS IN THE GULF" Citizens For A Free Kuwait; 2 "Free Kuwait" buttons and 2 Christmas Cards, $5.95

Middle East map; National Geographic Societ

1991 calendar "Switzerland," Ciba-Geigy

THE NATION, Arthur Carter, Publisher $1.75

REACHING FOR THE STARS: THE ACE STUDENTS," Z. Smith Reynolds Foundation

MILITARY HISTORY'S DESERT WAR Magazine, Empire Press, $2.95

PHYSICS TODAY, American Institute of Physics, $2.50

CHILDREN OF SUBSTANCE ABUSERS, Cong. Hertel; Downey; Miller and Waxman, $17.95

AMERCIAN HERITAGE magazine, $4.50

HARVARD BUSINESS REVIEW

CONSTITUTION, Special Bill of Rights issue, Foundation For The U. S. Constitution, $10.00

STATE LEGISLATURES, January 1991 issue, National Conference of State Legislature.

KEEPING SECRETS, Suzanne Somers, $17.95

2 coffee mugs, Mutual of Omaha

1991 Honorary Membership, Congressional Staff Club

ROAD ATLAS, AAA, $6.95

THE BILL OF RIGHTS, fall special issue, Life Magazine, $3.95

FUN WORLD, October, 1991, International Association of Amusement Parks and Attractions, $2.50

THE OBSERVER, October/November, 1991 issue, Organization for Economic Co-operation and Development, $4.50

POW-MIA, black T-shirt from "a deeply concerned Vietman Veteran"

THE CAPITAL SOURCE, Fall '91, $25.00

ALASKA, December 1991, $3.95

WORLD TRADE, November, 1991 issue, $2.95

FUNWORLD, November, 1991, $2.50

NORTH CAROLINA, November, 1991, $2.00

3 Red Roses, NC Right To Life

1992 Calendar, GIVING IS CARING, National Philanthropy Day

12 AT&T red, white and blue "Alex McMillan" telephone cords

POW ODYSSEY, Mrs. Delmar T. Spivey

2 tikets to Turkish Bazaar, November 8-10

Mini Maglite Flashlight in presentation box, Unknown source.

1992 Hard cover diary, FORTUNE, $28.00

TRAVEL SOUTH, Winter, 1991, Southern Living, $12.50

THE AMERICUS JOURNAL, Fall 1991, $2.50

EXCEPTIONAL PARENT, October/November, 1991, $4.00

Poster, American Family Life Assurance Company

.THE WASHINGTON REPORT ON MIDDLE EAST AFFAIRS, November, 1991, $2.50

AVIATION WEEK AND SPACE TECHNOLOGY, November 4, 1991, $5.00

PATTERNS OF CORPORATE PHILANTHROPY, Capitol Research Center, $50.00

CHURCH & STATE, November, 1991, $2.00

HISPANIC, November, 1991, $2.00

USED CAR DEALER, October, 1991, National Independent Automobile Dealers Association, $3.00

NEWSWEEK, special issue, November 4, 1991, $2.00

Blue and white plastic cube bank, AARP and Independent Bankers Association of America.

TRILOGY, Magazine for Outdoor Enthusiasts, January and February, 1992, $3.95

SIERRA, November/December, 1991, Sierra Club, $2.95

CONSUMERS REPORTS, November, 1991, $2.95

NATIONAL PARKS, November/December 1991, National Parks and Conservation Association, $2.50

BUSINESS PROPERTIES, Fall, 1991, $5.00

ARMS CONTROL TODAY, October, 1991, Arms Control Assocition, $5.00

THE BULLETIN OF THE ATOMIC SCIENTISTS, November, 1991, Education Foundation for Nuclear Science, Inc., $3.00

THE ETHICS GAP, Parker and Son Publication, Inc., $12.95

INTERNATIONAL AUTOMOBILE DEALERS, Autumn, 1991, International Automobile Dealers Association, $3.00

SEA POWER, November, 1991, ^Navy League of the U. S., $2.50

ADASTRA, November, 1991, National Space Society, $3.50

Tin of Fields Cookies, Cong. Wayne Owens. $15.00

Tote bag of chocolate chip cookies, PC Koch Associates

Desert Storm Crystal Paper Weight, Ambassador Al-Sabah, under $50.00

THE RETIRED OFFICER, November, 1991, $2.00

PLAYING TO WIN: A MARSHALL PLAN FOR AMERICA, National Urban League

1992 Personalized pocket calendar, Norfolk Southern

WORLD MONITOR, Christian Science Monitor, November, 1991, $2.50

1991 "Great American Wish Book," Sears, $4.00

EUROPE, October 1991, $2.95

THE EUROPEAN newspaper, October 11-17, 1991

WITH LIBERTY AND JUSTICE FOR ALL: The Story of The Bill of Rights, Center for Civic Education

NORTH CAROLINA, October, 1991, $2.00

SPORTS AFIELD, Personalized hard cover edition, October, 1991 issue, Congressional Sportsmen's Caucus

AMERICAN HERITAGE, November 1991, $4.50

TILTROTOR TECHNOLOGY UPDATE, Marine Corps Gazette, Amphibious Warfare Review, September, 1991, $1.50

TDC, The Discovery Channel, November, 1991, $2.50

Christmas Wrapping paper, International Paper Co.

Country ham, December, Ralph Vinovich

Spiced nuts, December, Ralph Vinovich

Mini solar calculator in wooden box, Timmons & Co., nc.

1992 Sierra Club Centennial Calendar

1992 Very Special Arts Calendar

1992 Pocket Calendar, Southern Bell

3M Gift Box:
Post-it labels
1st Aid Tape
Double stick tape
Masking tape
Scotch tape
1/2" strapping tape
Post it notes
Sandpaper
Scotch brite
Batch scrub
Scotch brite Soft Scour
Mini post-it notes
Buf-Puf skin conditioning cleanser
Large post-it notes
Transparent packaging Tape pads
Scotch Brite rescue heavy duty pad
September, 1991, $1.50

5 Navy blue ceramic coasters, Quorum

2 cassettes, Michael Bolton and Mary Chapin Carpenter, Sony Music Entertainent, Inc.

"World Holiday and Time Guide", J. P. Morgan

1992 Calendar, Olympic Committee

"A Guide To The 102nd Congress", LTV

Fresh Christmas Wreath, Appalachian

1 pound Chocolate Covered Almonds, Chocolate Manufacturers Association

Wooden Christmas Ornament, Jefferson Memorial, National Association Broadcasters

American Home Products Corporation gift box:
Tube Anbesol Gel
2 pkgs. Robitussin Cough Drops
2 1992 Pocket Calendars
3 Tubes Chap stick
5 oz. Box Crunch-Munch Popcorn
2 Boxes Anacin
Advil Tablets
Dristan Tablets
Dimetapp Tablets
Anbesol Antiseptic
Denorex Shampoo
Riopan Plus 2 Antacid
1 Can Ranch-Style Beans
1 Can Chef Boyardee Rigatonie
1 Can Dennison's Chili
Riopan Plus 2 Tablets
Prep H Cream
Robitussin Pediatric Syrup
2 Chapsticks
Dristan Allergy Tablets
Prep H Cleansing Tissues
Donnagel Liquid
Gulden Mustard
Robitussin DM Cough Syrup
Can Pam Spray
Albee Iron Tablets
Dristan Cold and Flu Medication
Advil Tabs
Light Jiffy Popcorn
Callyrium-eye Drops
Chicken & Dumplings - microwave
Beef Ravioli - microwave
Main Meals, Lasagna
Dristan 12 hour nasal spray
20 ox box Wheatena cereal
4 oz Dimetapp Elixir
4 oz Dimetapp Elixir
1990 Annual Report

Glaxo Basket:
Peanut Brittle
Cylinder Moravian Cookies
Bottle Honey
Package Hard Candy
3 Jars Jam
Solid Chocolate Map of NC
Package of Golden Fried Peanuts
Box Blue Ridge Bon Bons

Pound Cashews, Non-prescription Drug Manufacturers Assn.

Cream towel set, American Textile Manufacturers Institute

Navy Blue Sport Tote Bag, G. E.

Con Agra:
Teal golf shirt
Coffee Mug
Jar Healthy Choice Spaghetti Sauce
2 Cans Healthy Choice Vegetable Beef and Hearty Chicken
2 Coupons

2 Microfiber Scarfs: tan and red, American Fiber Manufacturers Association

Sunday Morning Coffee, DCS, Mutual of Omaha

1992 "^Peace on Earth", YWCA

Products from Ward Farms, Clarkton, N.C. Donor unknown
Pound Golden Fried Peanuts
2 Pounds Peanut Squares
2 Pounds Shelled Peanuts
12 oz. Salted in the Shell Peanuts

1992 Geographic Atlas and Historic Events Calendar, Governor, Commonwealth of the Northern Mariana Islands

Brown Leather Pocket Notebook, Siemen's Corp.

1992 Poster-sized calendar, Amtrak

1992 Persian Gulf, Poster-sized calendar, Zambelli Internationale

Video, "Your Vote", Robert Taft Institute

Box General Mills Products:
2 Boxes Brownie Mix
Assorted Cereals
Cake Mix
General Mills Cookbook
Icing Mix

Scalloped Potato Mix
Skillet Chicken Starter
Colored Microwave Popcorn

Shot-gun shells and bottle wine, Sam Chilcot, Tobacco Institute

Shell Desk Diary, Shell Oil Co.

Holiday Ornament, Made of Recycled Glass, Frito Lay

Peace Coin, Ambassador of Saudi Arabia

THE TURKISH TIMES, December 15, 1991, $1.00

LONG ISLAND JEWISH TIMES, Decmeber 19, 1991 $1.00

EXECUTIVE INTELLIGENCE REVIEW, December 13, 1991 $10.00

"Insight On The News", December 23, 1991 $2.00

"Financial Times", December 17, 1991 $1.25

"In These Times", Institute For Public Affairs $2.00

General Mills Products Box:
Paisley Hat Box
Shortbread
Chocochip shortbread
Chocochip cookies
Crackers
Cheese Straws
Perrier Bottled Water
Pistachios
Tobler Chocolate Candy Bar

Philip Morris Products Box:
6 Walnetto candy squares
Green Marking pen
Kraft Peanut Butter
8 oz. Cafe' Francais Instant Coffee
4 oz. Polly-O Grated Romano Cheese
Package Hollywood chewing gum
Tall ceramic tankard, "Birth of a Nation" with cylinder of Crystal Light iced tea mix
16 oz. Honey Bunches of Oats cereal
Entenmann's Holiday Cookie Collection
Toblerone bar
Praline Crisp Candy Bar
1 pound Maxwell House Coffee 1892 Roat
Coupons: Birdseye vegetable or fruits
Tombstone Pizza
Philadelphia Cream Cheese
Gourmet Light and Healthy Dinner
Tee Shirt, Kool Aid

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(11)

Name

Mailing Address

Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State [illegible] District [illegible]; Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — Amendment — Termination — Termination Date

HAND DELIVERED
mc
(Office Use Only)

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Rep. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

C. Thomas McMillen

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	none			

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
C. Thomas McMillen

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S DC JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST* QUALIFIED BLIND TRUST*		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Sovran/Nation's Bank (MM)	S	X												X								X					X
United Bk./First VA Bank (MM)	S	X												X						X							X
Federal & MD State Tax Refunds	S	X															refunds							X			
McMillen for Congress, Office Equip.	S	X													X							X					
American Beeper Ass. (N/R) Columbia, MD & Partnership (7 %)	S							X(1)		N/R X (2)	(holding)			X	and loan payment			X		(1) (2)				X(1)			X(1)
Page Plus Corp. (N/R) and Stock Columbia, MD	S			X(2)	X(1)	N/R stock								X(1)				X(2)		X(1)							X
Crofton residential rent income	S					X						X										X					
A.P.T.V. (stock) NYSE	S	X													X							X					X
SRF Longmont (N/R)	S			X										X					X								
Computer Tech, Atlanta, GA stock	S				X													X									
Leadville Mining (NYSE)	S			X														X									
Douglas & Chamberlain, Ltd. Melville, NY stock	S				X													X									X
office equipment (cost less deprec.)	S			X																							
Prudential Bache IRA	S			X																							

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
C. Thomas McMillen

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S DC JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
	Grafton, Md.																										
S	GMG Development, Inc., ~~[illegible]~~	(Stk)				x																					x

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Reporting Individual's Name: C. Thomas McMillen

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90		X					
S	CMS Development, Inc, Crofton, MD, common stock	X			Jun/July/Aug Sept/Oct/Nov/Dec		X					
S	Page Plus Corp, Columbia, MD stock (1) and M/P (2)			X	1/91	X (1)	X (2)					
S	Fleet Credit Corp. (MM) closed account				1/91	X						
S	SW Investors (.0045% of holding sold)		X		1/91	X						
S	A.P.T.V. (stock, NYSE) (purchase 1/91--(1) and sale (2))	X	X		7/91 & 12/91		X (1) X(2)					
S	Sovran/Nations Bank (MM) closed account				12/91		X					
S	United Bank/First VA Bank (MM) closed account				7/91	X						
S	McMillen Communications, sold phone sys. less deprec.		X		6/91	X						

Reporting Individual's Name

C. Thomas McMillen

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
S	American Sec. Bk, Wash., DC	Note Payable Secured					x		
S	United Bk/ First Va Bk	Note Payable- Unsecured		x					

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Reporting Individual's Name
C. Thomas McMillen

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
MCA, Inc., P.A.C.	Directors Chair	$100.00

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
N.Y.S.E. - Speech		2/3 - 2/4/91	Natl-NY-Natl, ground trans., meals, 1 nights lodging.	
Sedgwick James, Inc.- Speech		3/8-9/91	Natl-Palm Springs-Natl, ground trans., meals, 1 nights lodging.	
GTE Corp. - Speech		3/31-4/2	Personal Travel: Natl-Atlanta	
		4/2-4/3	Atlanta-LAX-Dallas, ground trans., meals, 1 nights lodging	
		4/3	Dallas-Natl: Personal Travel	

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name
C. Thomas McMillen

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Natl. Assn. Broadcasters--convention	04/14	Natl-LaGuardia; personal travel	
	04/15	LaGuardia-Las Vegas-Ntl, ground tran, meals, 1 nite lodging	
US Tobacco--participant	04/19-21	Natl-Fla.-Natl, private plane, meals, ground tran, 2 nite lodging	
Electronics Industries Assn. speech	05/30/6-1	Natl-Chicago-BWI; ground tran., meals, 2 nite lodging	
MCA, Inc. PAC speech	06/30-7/2	Dulles-LAX-Dulles; ground trans., meals, 2 nite lodging	
Danny Thompson Golf Tournament ~~participant~~	08/21-24	Natl-Idaho-Natl private plane; meals; ground transportation,	
		3 nights lodging	
Vallie Consulting--speech	09/13-14	Dulles-San Francisco-Dulles; ground transportation, meals,	
		1 night lodging	
Sports Law Institute--speech	09/20	National-O'Hare-Madison, WI-National; ground trans., meals	
Ohio Intercollegiate Athl. Admin ~~speech~~	10/6-7	National-Ohio-BWI; ground tran., meals, 1 nite lodging	
Jimmie Heuga Center--Achievement ~~Awards Dinner~~	10/10-11	National-NY-National; ground tran, meals, 1 nite lodging	

Reporting Individual's Name
C. Thomas McMillen

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
See Attached	

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information see instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
See attached		

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6 §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file, this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: C. Thomas McMillen

DATE (Month, Day, Year): May 15, 1992

GPO : 1991 : 0-287-[illegible]

DATE/ PARTIES TO/ TERMS OF / NAME OF ORGANIZATION

WASHINGTON BULLETS BASKETBALL ASSOCIATION-LANDOVER, MD.
CONTRACTS - DEFERRED INCOME

CONTRACT DATE	DEFERRED INCOME AMOUNT	DUE DATE
1985	25000.00	1/92

NATIONAL BASKETBALL PLAYERS ASSN - NEW YORK, N.Y.
CONTRACT - SUBJECT TO CHANGE BY VOTE OF PLAYERS ASSOCIATION
CURRENT CONTRACT DISTRIBUTION DETAILS:
SEVERANCE PAYMENTS:

DUE. FINAL PAYMENT RECEIVED 1991

LICENSING PAYMENTS:

AMOUNT DUE	DUE DATE
$11000.00	1997
$11000.00	1998
$11000.00	1999
$11000.00	2000
$11000.00	2001

PENSION FUND:

AMOUNT DUE	DUE DATE
$16500	AGE 50, PAYABLE YEARLY UNTIL DEATH

SIMON & SCHUSTER, DUPREE/MILLER & ASSOC. INC. & SUMMIT BOOKS
As co-authors, Mr. McMillen and Paul Coggins will receive an advance on royalties of $40,000, $25,000 upon signing the contract and $15,000 on acceptance of the manuscript. Sales of the trade edition of the book based on athletics are: 10% of the suggested catalog retail price on the first 5,000 copies sold, 12 1/2% on the next 5,000 copies sold and 15% of the net proceeds received on disposition of other primary rights.

C. THOMAS McMILLEN--1991 FINANCIAL DISCLOSURE
MEMBERSHIPS

Board of Visitors, United States Naval Academy
Board of Visitors, University of Maryland School of Public Affairs
National Chairman, University of Maryland Presidents Club
Advisory Board Member, The Benedictine School Foundation (School for Exceptional Children, Ridgely, MD
Member, Knight Foundation's Commission on Intercollegiate Athletics
Member, Odenton Improvement Association
Member, Anne Arundel County Police Community Relations Council
Member, Innovative Learning Center Advisory Committee
Member, Board of Directors, Sheltered Workshop of Anne Arundel County
Member, Board of Directors, American Red Cross, Central Maryland Chapter, Southern District
Board of Directors, Bywater Boys & Girls Club
Member, Board of Advisors, Doug Williams Foundation
Member, Melwood Foundation
Member, Advisory Council, Chrysalis House, Inc.
Member, Commission to Save the Lighthouses
Advisory Council member of the Paul Nitze School of Advanced International Studies of the Johns Hopkins University
Member, Board of Directors, and Chairman of the Nominating Committee of the International Visitors Center
Board of Advisors, Maryland Boys & Girls Clubs, Inc.
Member, Board of Directors, Baltimore Washington Airport Development Council
Member, diplomatic council, Institute for International Sport;
Unofficial board member, Greater Crofton Community Service Center
District Member-at-large, Four Rivers District, Boy Scouts of America
Member, Committee on Image & Impact, School of Public Affairs, University of Maryland
Chair, Advisory Board; Athlete-Scholar Leadership Institute, University of Maryland, College Park
Member, Advisory Board, Washington Center Campaign '92
Member, advisory council of the Institute for Preventative Sports Medicine
Member, Advisory Committee, Pangaea,Inc.
Member, The Athletics Council of the District of Columbia Board of Education

TOM McMILLEN
4TH DISTRICT, MARYLAND

COMMITTEES
ENERGY AND COMMERCE
SUBCOMMITTEES
TELECOMMUNICATIONS AND FINANCE
ENERGY AND POWER
COMMERCE, CONSUMER PROTECTION AND COMPETITIVENESS
SCIENCE, SPACE, AND TECHNOLOGY
SUBCOMMITTEES
SEA, SPACE, AND ENVIRONMENT

INSIDE MAIL

Congress of the United States
House of Representatives

WASHINGTON OFFICE
427 CANNON OFFICE BUILDING
WASHINGTON, DC 20515-2004
202-225-8090

DISTRICT OFFICES
THE MEADOWS BUILDING
8028 BUSHKIRK HIGHWAY
SUITE 311
PASADENA, MD 21122
410-768-8051 / 301-261-2618

6196 OXON HILL ROAD
SUITE 370
OXON HILL, MD 20745
301-567-9212

May 20, 1992

3

The Honorable Donnald K. Anderson
Clerk
Office of the Clerk
U.S. House of Representatives
H105 Capitol
Washington, D.C. 20515

✓ MC

Dear Donnald:

Inadvertently, the enclosed two pages were left out from the filing of my 1991 Financial Disclosure. I apologize for any inconvenience this may cause.

Thank you for your assistance.

With kindest wishes, I remain

Sincerely,

Tom McMillen

Tom McMillen
Member of Congress

TM/ln
Enclosure

Reporting Individual's Name:
C. Thomas McMillen

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year; and (b) any other asset or source of "unearned" income which yielded more than $200 in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	h Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
	S	ABC Corporation Stock			X								X									X									X
	Examples	George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
		Washington Bullets				X													Def. Comp						X						
		Natl. Basketball Assn.	X																Def. Comp					X							
		Union Drilling- 1974 (FMV) .0115%			X								X									X									
		Union Drilling- 1975 (FMV) .0421%			X								X										X								
		Union Drilling- 1976 (FMV) .0313%		X									X								X										
		Union Drilling- 1978-A(FMV)..0463%				X							X										X								

For additional assets and unearned income, use next page

2580

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: C. Thomas McMillen

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S Union Drilling-1978(FMV).0192%			X								X									X								
S Union Drilling-1979A(FMV).0153%			X								X										X							
S Union Drilling-1979B(FMV).01[illegible]%			X								X												X					
S Union Drilling-1980B(FMV).01508%											X							X										
S Union Drilling-1981-4(FMV).0[illegible]20%			X								X										X							
S D C Drilling- .05%		X									X										X							
S D C Energy- .0345%		X									X							X										
S KBA Assoc.-(FMV) .0195%			X								X							X										
S Plaza Vantage-(HCV).0184%						X					X							X										
Pot Hung/Bell Haven(FMV).00[illegible]%			X								X							X										
S SW Investors(FMV).00[illegible]%			X								X	(1)			X	(2)	& Partial Sale			(1) X		(2) X						X
S TV Investors(HCV).016[illegible]%			X								X								X									
S VS Investors(FMV).00[illegible]%					X						X									X								
S McMillen Communications Corp.S&B and W/R, Columbia, Md.			X	(1)	X	(1)	X	(1)	X		X	(1)						X	(1)									
S Fleet Credit Corp (MM)	X										X	X						X										X

2581

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

Michael R. McNulty
(Full Name)

56 West Street (518) 274-1070
(Mailing Address) Telephone

Green Island, New York 12160

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 23rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civic War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	renewal Green Island Insurance (commissions)	commissions	$3,319.86

For payments to charity in lieu of honoraria, use next page

2582

Reporting Individual's Name
Michael R. McNulty

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash. D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	The Connell Company	Appearance	March 11, 1991	$2,000.00

Reporting Individual's Name
Michael R. McNulty

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X). Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock		X								X									X							X
			George Wash. Credit Union Accounts			X									X									X					
			182 Main Street, Dover, Delaware				X							X									X						
	Green Island Insurance				X								SEE PART IA																

For additional assets and unearned income, use next page

2584

Reporting Individual's Name

Michael R. McNulty

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

2585

Reporting Individual's Name: Michael R. McNulty

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Norstar Bank of Upstate New York	Personal Line of Credit		X					
	Norstar Bank of Upstate New York	Personal Loan		X					

2586

Reporting Individual's Name: Michael R. McNulty

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The Connell Company	3/11/91	Roundtrip air travel from Albany, NY to Newark, N.J. and lunch	
Ross Engineering Corporation	8/7/91 8/18/91	Roundtrip air travel from Washington, D.C. to Hong Kong and Beijing plus 3 nights lodging and meals (Aug. 8,9,10) fact-finding trip on trade issues -- remaining days of transportation, food, lodging within PRC reported pursuant to 5 USC 7342 (Aug. 11-17)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name: Michael R. McNulty

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Board of Directors	Capital Region Technology Development Council (NOT COMPENSATED)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Michael R. McNulty	May 13, 1992

GPO 1991 50-267 (m)

2589

(11)

1992 MAY 15 PM 3 05

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Ronald K. Machtley
(Full Name)

62 Sigourney Road
(Mailing Address)

(202) 225-4911
Telephone

Portsmouth, Rhode Island 02871

Filer Status	X Member of the U.S. House of Representatives	State R.I. District 1st	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Portsmouth School Dept.	Spouse Salary	
		Nurse Teacher Substitute	NA
	Middletown School Dept.	Spouse Salary	
		Nurse Teacher Substitute	NA

For payments to charity in lieu of honoraria, use next page.

Reporting Individual's Name
Machtley

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	None			

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Reporting Individual's Name

Machtley

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000	
S, DC, JT	Examples. S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X								X										X						
		182 Main Street, Dover, Delaware						X						X									X							
JT	313, 315, 317 Wolcott Avenue																													
	Middletown, Rhode Island							X						X											X					
JT	119 Wampanoag Drive, Portsmouth,																													
	Rhode Island (½ owner)							X						X											X					
DC	Navy Federal Credit Union				X										X						X									
JT	Shearson Lehman				X								X		X							X								

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Machtley

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)									
S DC JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Promissory Note - 114 Touro Street, Newport, Rhode Island (Sale)					X								X										X				
S	Stocks listed below Advest - Stock Portfolio/Money Market			X																								
DC	Stocks listed below Advest - Stock Portfolio/Money Market				X																							
DC	Stocks listed below Advest - Stock Portfolio/Money Market				X																							
JT	Savings Account, Bank of Newport			X										X							X							
S	Agreement Sale of Law Practice					X																						
DC	General Mills - Common Stock			X								X							X									
DC	NCH Corp. - Common Stock			X								X							X									
DC	Shering Plough - Common Stock			X								X							X									
DC	Walgreen Company - Common Stock			X								X							X									
DC	Gov't. Securities Inc. GNMA Bond		X											X						X								
DC	Boeing Company - Common Stock			X								X							X									
DC	Dupont - Common Stock			X								X							X									
DC	Federal Signal Corp. - Common Stock			X								X							X									

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Machtley

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
DC	Liz Claiborne			X								X							X										
DC	Kemper High Yield Fund			X											X				X										

Reporting Individual's Name
Machtley

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Genuine Parts Corporation		X		03-19-91	X						
S	Nashua Corporation		X		05-15-91	X						
S	COHU Incorporated		X		08-02-91	X						
S	Cubic Corporation		X		08-02-91	X						
S	Longs Drug Stores		X		08-02-91	X						
S	Blair Corporation		X		10-16-91	X						
S	COHU Corporation		X		10-16-91	X						
DC	Federal Signal Corporation		X		03-27-91	X						
DC	Humanna Incorporated		X		12-12-91	X						
DC	Chiquita Brands		X		05-15-91	X						
DC	Tenneco Incorporated		X		05-15-91	X						
DC	Ralston Purina		X		10-17-91	X						
S	COHU Incorporated	X			05-15-91	X						
S	Blair Corporation	X			03-19-91	X						

Reporting Individual's Name

Michtlev

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90		X					
DC	General Mills	X			10-17-91	X						
DC	Walgreen Company	X			05-15-91	X						
DC	Liz Claiborne	X			12-12-91	X						
DC	Ralston Purina	X			05-15-91	X						

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Reporting Individual's Name

Machtley

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Bank of Newport - (½ ownership) = valuation	Mortgage on 119 Wampanoag Drive, Portsmouth, Rhode Island			x				
JT	Bank of Newport	Mortgage on 313, 315, 317 Wolcott Avenue, Middletown, Rhode Island			x				

Financial Disclosure A-4

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Reporting Individual's Name

Machtley

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example. Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Restaurant Association		May 17-19, 1991	Speaking to Restaurant Association Roundtrip Air from Providence, R.I. to Chicago	
			3 days food and lodging - self and spouse	
Fluor Corporation		Mar. 13-16, 1991	Fact Find Mission	
			Roundtrip Air Fare from D.C. to Kuwait	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name: Machtley

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
	See Attachment

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
01/01/89	R. K. Machtley - Sayer & Regan Attorneys at Law	Sale of Law Practice

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Rick Machtley	May 14, 1992

GPO : 1992 50-267 (m)

RONALD K. MACHTLEY
1ST DISTRICT, RHODE ISLAND

COMMITTEE ON ARMED SERVICES
COMMITTEE ON SMALL BUSINESS
COMMITTEE ON GOVERNMENT OPERATIONS
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

CO-CHAIR, NEW ENGLAND ENERGY CAUCUS
ENVIRONMENTAL AND ENERGY STUDY CONFERENCE
CONGRESSIONAL HUMAN RIGHTS CAUCUS
CONGRESSIONAL TEXTILE CAUCUS
CONGRESSIONAL CAUCUS ON WOMEN'S ISSUES
CONGRESSIONAL HOTCH COALITION

Congress of the United States
House of Representatives
Washington, DC 20515-3901

WASHINGTON OFFICE
132 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3801
(202) 225-4911

1ST DISTRICT OFFICES

STATE TOLL FREE NUMBER
1-800-852-8994

200 MAIN STREET
SUITE 330
PAWTUCKET, RI 02860
(401) 725-8400

127 SOCIAL STREET
ROOM 172
WOONSOCKET, RI 02895
(401) 762-4052

320 THAMES STREET
ROOM 267
NEWPORT, RI 02840
(401) 848-7920

Advisory Board Member, National Republican Coalition for Choice

Advisory Board Member, Republicans for Choice

Honorary Advisory Board Member, Women's Center of Rhode Island

Honorary Advisory Board Member, Conanicut Island Chamber Music Festival

Board Member, Rhode Island Scenic America

Member, Public Policy Advisory Committee Population Institute

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : 12 PM 2 37

(a)

HAND DELIVERED

THOMAS J. MANTON
(Full Name)

331 CANNON H.O.B.
(Mailing Address)

WASHINGTON, D.C. 20515

Telephone: 202-225-4965

Filer Status	X Member of the U.S. House of Representatives	State N.Y. District 9	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	PRIVATE DUTY NURSING - GREATER N.Y. NURSING SERVICE, P.C.	SPOUSAL EARNINGS	$1,731
	N.Y.C. EMPLOYEES RETIREMENT SYSTEM	CITY COUNCIL PENSION	$13,219

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
THOMAS J. MANTON

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
AMERICAN BANKERS ASSOCIATION	SPEECH	FEB. 15, 1991	$2,000
U.S. TOBACCO	PANELIST	APRIL, 19, 1991	$2,000 *
NON-PRESCRIPTION DRUG MANUFACTURERS ASSOCIATION	SPEECH	MAY 16, 1991	$1,000
ELECTRONIC INDUSTRIES ASSOCIATION	APPEARANCE	JUNE 1, 1991	$1,000
NATIONAL ASSOCIATION OF REHABILITATION AGENCIES	SPEECH	JUNE 8, 1991	$1,000
DMA/NATD/THE TOBACCO INSTITUTE	APPEARANCE	JULY 10, 1991	$2,000
SECURITIES INDUSTRY ASSOCIATION	SPEECH	DEC. 5, 1991	$2,000
AMERICAN INTERNATIONAL GROUP, INC.	APPEARANCE	DEC. 16, 1991	$2,000 *
* (RECEIVED IN 1992)			

Reporting Individual's Name
THOMAS J. MANTON

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples:	S	ABC Corporation Stock			X						X									X								X
			George Wash. Credit Union Accounts				X							X									X						
			182 Main Street, Dover, Delaware					X					X									X							
S	D. MANTON TRUST (SPOUSE)							X				X		X								X		X				
	N.Y.C. EMPLOYEES RETIREMENT SYSTEM							X										PENSION						X				
	CITIBANK			X										X						X								
	CONGRESSIONAL FEDERAL CREDIT UNION			X										X						X								
JT	47-17 43 AVE., SUNNYSIDE,NY(½INTEREST)							X					X											X				
JT	19-14 21 RD.,ASTORIA,NY (RESIDENCE)								X																			

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
THOMAS J. MANTON

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
JT	BERKELEY COOP.TOWERS SEC.3-COOP APT. STOCK IN					X							X						X										
	THOMAS J. MANTON,P.C.-PENSION PLAN				X																		X						
	THOMAS J. MANTON,P.C.- PROFIT SHARING PLAN					X																	X						
S	HOME SAVINGS BANK			X																	X								

Reporting Individual's Name
THOMAS J. MANTON

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

THOMAS J. MANTON

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	L. I. SAVINGS BANK	MORTGAGE (½) on 47-17 43 AVE.				X			
JT	DIME SAVINGS BANK	MORTGAGE ON 19-14 21 RD,ASTORIA				X			
	THOMAS J. MANTON, P.C.	PERSONAL LOAN		X					

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Reporting Individual's Name
THOMAS J. MANTON

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
AMERICAN BANKERS ASSOCIATION(Speech)		Feb.15,1991	ROUNDTRIP AIR TRAVEL FROM N.Y.CITY TO PALM BEACH, FLORIDA	
IRONWORKERS INTERNATIONAL (Speech)		Feb.13-16, 1991	FOOD & LODGING FOR 3 DAYS AT NORTH MIAMI,FLA. (Extra day at own expense)	
U.S. TOBACCO (Panelist)		April 19-21, 1991	ROUNDTRIP AIR TRAVEL,2 DAYS FOOD & LODGING,SELF & SPOUSE/BEACH,FLA. TO PALM	
ELECTRONIC INDUSTRIES ASSOC. (Appearance)		June 1,1991	ROUNDTRIP AIR TRAVEL FROM NYC TO CHICAGO, IL & LUNCH	
INTERNATIONAL LONGSHOREMAN (Speech)		July,16,1991	ROUNDTRIP AIR TRAVEL FROM NYC TO SAN JUAN, P.R. & LUNCH	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
THOMAS J. MANTON

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
IRONWORKERS INTERNATIONAL (Speech)	Aug.7-9 '91	ROUNDTRIP AIR TRAVEL FROM NYC TO LAS VEGAS,NV,3days food & lodging	
SECURITIES INDUSTRY ASSOC (Speech)	Dec.4-5 '91	ROUNDTRIP AIR TRAVEL FROM NYC TO BOCA RATON,FLA. 2 days food,lodging	

Reporting Individual's Name
THOMAS J. MANTON

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
SOLE STOCKHOLDER, DIRECTOR and OFFICER	THOMAS J. MANTON, P.C.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
T. J. Manton	MAY 12, 1992

GPO: 1991 50-267 (m)

2608

THOMAS J. MANTON
9TH DISTRICT, NEW YORK

COMMITTEES
ENERGY AND COMMERCE
MERCHANT MARINE AND FISHERIES
HOUSE ADMINISTRATION
SELECT COMMITTEE ON AGING

HAND DELIVERED

92 JUN -5 PM 12:00

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
331 CANNON HOUSE OFFICE BLDG.
WASHINGTON, DC 20515
(202) 225-3965

DISTRICT OFFICE
46-12 QUEENS BOULEVARD
SUNNYSIDE, NY 11104
(718) 706-1400

(1)
✓
MC

June 1, 1992

Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Re: Representative Thomas J. Manton
1991 Amended Financial Disclosure Statement

Sir:

This letter shall serve as an amendment to the following Sections of my Financial Disclosure Statement for 1991:

Part IB - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY
Confidential Report of Recipient Charities forwarded simultaneous herewith to the Committee on Standards of Official Conduct.

Part II - ASSETS (page A-2) - amended to add Stock in professional law corporation known as THOMAS J. MANTON P.C. which is valued at category "C" ($15,001 - $50,000) and produced no unearned income.

Sincerely,

Thomas J. Manton

TJM:f
enclosures

PLEASE RESPOND TO THE ADDRESS INDICATED ABOVE

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 17

7

Edward J. Markey
(Full Name)

2133 Rayburn House Office Building (202)225-2836
(Mailing Address) Telephone

Washington, DC 20515

HAND DELIVERED

Filer Status	X Member of the U S House of Representatives	State Mass. District 7th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
Spouse:	National Institute of Mental Health	Spouse Salary	NA
Spouse:	Private Practice of Medicine	Fees	NA
Spouse:	Consulting	Fees	NA
Spouse:	Psychiatric Institution Foundation	Medical Lecture	$ 750.
Spouse:	Carrier Foundation	Medical Lecture	750.
Spouse:	Northern Virginia Psychiatric Society	Medical Lecture	750.
Spouse:	Eastern Pennsylvania Psychiatric Institute	Medical Lecture	650.

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Edward J. Markey

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X							X
			George Wash. Credit Union Accounts				X									X									X					
			182 Main Street, Dover, Delaware					X							X									X					
	Cong. Federal Credit Union Accts					X										X							X						
	Bank For Savings, Malden, MA				X											X						X							
	Shearson Lehman Bros., IRA				X														NA											
S	Dominion Bank, Rockville, MD					X										X								X					
S	Merrill Lynch, IRA				X														NA											
S	TIAA-CREFF Retirement Annuity						X												NA											

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For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Edward J. Markey

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	C.L. Trust*(Fractional Interest)								x										x										
	Scotiabank																												
	Chase Bank																												
	Citibank																												
	Columbia Federal Bank																												
	*Gross > $500,000; Net, after deducting debts owed, < $500,000																												

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Reporting Individual's Name: Edward J. Markey

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 +
Example	ABC Corporation Common Stock	X			10-12-90			X				
S	Sale of Treasury Bonds for Trust		X		12-11-91		X					

Reporting Individual's Name

Edward J. Markey

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $150,000	F $150,001 - $250,000	G $250,001 - $500,000	H over $500,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Edward J. Markey

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
MVMA/Competitiveness Caucus		4/25-26 1991	Roundtrip Air from Wash., D.C. to Detroit, Mich., food and 1 night lodging, gr. transportation	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name: Edward J. Markey

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Edward J. Markey	May 14, 1992

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

9

1992 MAY 15 PM 3 24

INSIDE MAIL

(Office Use Only)

Ronald Charles Marlenee
(Full Name)

2465 Rayburn House Office Building
(Mailing Address) Telephone

Washington, D.C. 20515

Filer Status	XX Member of the U.S. House of Representatives	State Montana District 02	Officer or Employee	Employing Office
Report Type	XX Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE XX

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
MARLENEE

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Bell Helicopter; Fort Worth, Texas	Speech	Oct, 17-18, 1991	1000.00 Billings Rescue Mission
			500.00 Emmanuel Baptist Church
			500.00 Great Falls Food Bank

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Reporting Individual's Name
MARLENEE

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: George Wash. Credit Union Accounts				X									X									X						
	Examples: 182 Main Street, Dover, Delaware					X							X									X							
	Marlenee Big Sky Farms & Ranch									X																X			
	1) Misc. Royal ties - Oil		X										X							X									
	2) Marlenee Big Sky Farms & Ranch				X								X																
	New York Life Insurance			X										X							X								
JT	Cabin & Lot 15; Bridger Pines Bozeman					X																							
JT	Lot 8; Tuscon, Arizona				X																								

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
MARLENEE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	

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Reporting Individual's Name

MARLENEE

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

MARLENEE

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Federal Land Bank - Sidney, MT	Note on Farmland				X			
	Montana National Bank - Plentywood, MT	Farm Operation & Personal				X			
	Pete Hagefeldt - Scobey, MT	Farmland		X					

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Reporting Individual's Name
MARLENEE

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Safari Club International		Jan 25-27	3 days food & lodging, self & spouse	
Bell Helicopter Textron, Inc.		Oct 17-18	Roundtrip DC to Ft. Worth, 2 days food & lodging, self	
Montana Mining Association		May 9	Air Travel Salt Lake City to Butte	
British Petroleum		Aug 26 - Sept 10	Air Travel MT-Alaska-MT, 3 days food & lodging, self & spouse	
NACA		Sept 27-28	Roundtrip DC-White Sulphur Springs, WVa, 2 days food & lodging self & spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: MARLENEE

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name: MARLENEE

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Partner	Marlenee Big Sky Farms & Ranch
Director At Large	Safari Club International

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wrilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Don Marlenee

DATE (Month, Day, Year): 5/12/92

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . . 15 P.1.04

7

David O'B. Martin
(Full Name)

442 Cannon House Office Building
(Mailing Address)

Telephone

Washington, D.C. 20515 202-225-4611

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 26	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
David O'B. Martin

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

Reporting Individual's Name
David O'B. Martin

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	Vi $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X							X									X									X
		George Wash. Credit Union Accounts				X								X									X							
		182 Main Street, Dover, Delaware					X						X									X								
		Key Bank of Central New York, savings accounts and Key Advantage accounts			X									X						X										
		Key Bank of Central New York CD (IRA)			X								N/A																	
		Chase Lincoln First CD (IRA)			X								N/A																	

For additional assets and unearned income, use next page

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Reporting Individual's Name

David O'B. Martin

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name: David O'B. Martin

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Key Bank of Central New York	Loans	X						

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Reporting Individual's Name
David O'B. Martin

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: David O'B. Martin

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Trustee	Barry M. Goldwater Scholarship & Excellence in Education Foundation

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: David O'B Martin

DATE (Month, Day, Year): May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(6)

HAND DELIVERED

MATTHEW GILBERT MARTINEZ, JR.
(Full Name)

1080 Wisconsin Avenue, N.W. #2020
(Mailing Address) Telephone

Washington D.C. 20007

Filer Status	[XX] Member of the U.S. House of Representatives	State Calif. District 30th	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
MATTHEW G. MARTINEZ

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
XYZ Magazine	Article	Aug 13, 1991	$500
National School Boards Association	Speech	4-14-91	$750.00
1680 Duke Street; Alexandria, VA 22314			

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Reporting Individual's Name
MATTHEW G. MARTINEZ, JR.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X							X
			George Wash. Credit Union Accounts				X									X									X					
			182 Main Street, Dover, Delaware					X						X										X						
Jt	439 S. New Avenue; Mont. Pk, CA								X					X												X				
Jt	3514 Beverly Blvd Montebello, CA 90640								X					X												X				
Jt.	1st Trust Deed 444 Garvey; Mont. Pk, CA							X								X								X						
	1080 Wisconsin Ave., N.W.#2020 Washington, D.C. 20007							X												X										
	300 M. Street, S.W., N. 102 Washington, D.C. 20024						X													X										

For additional assets and unearned income, use next page

Reporting Individual's Name

MATTHEW G. MARTINEZ,JR.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	PERPETUAL MORTGAGE CO.; BALTIMORE, MD.	Mortgage on 1080 Wisc. D.C.				X			
JT	MONT. PARK S & L; CALIFORNIA	Mortgage on 439 S. New Ave.				X			
	SOVRAN MORTGAGE, RICHMOND VA.	Mortgage on 300 M. Street		X					

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Reporting Individual's Name
MATTHEW G. MARTINEZ, JR

PART VI – TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [XX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
XUAN WU SAN BUDDHIST ASSN.	6-19-91	Round trip air fare from D.C. to Los Angeles; self	
FORMAL TRAINING & LEARNING CTR	11-8-91	Round trip air fare from D.C. to San Juan Puerto Rico	
		4 days food and lodging; self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
MATTHEW G. MARTINEZ, JR.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XX

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE XX

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] N/A [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] N/A [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Matthew G. Martinez	May 12, 1992

GPO 199 (50-267 (m))

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 JUL 2 ... 7:13

HAND DELIVERED

MC ✓ (1)

(Office Use Only)

MATTHEW GILBERT MARTINEZ, JR.
(Full Name)

1080 Wisconsin Avenue, N.W. #2020
(Mailing Address) Telephone

Washington, D.C. 20007

Filer Status	[XX] Member of the U.S. House of Representatives	State Calif. District 30th	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[XX] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [XX]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

(3)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

HOEFER, JAMES MAXWELL

Filer's Name	Mailing Address	Telephone
U.S. House of Representatives 2303 Rayburn House Office Building		
Washington, D.C. 20515		[illegible]

HAND DELIVERED

Filer Status	X	Member of the U.S. House of Representatives	State District	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Center for Prevention of Childhood Malnutrition	Spouse earned income	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

ROBERT TAKEO MATSUI

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X							X
			George Wash. Credit Union Accounts				X									X								X						
			182 Main Street, Dover, Delaware					X							X									X						
	Wright Patman Federal Credit Union					X										X					X									
	Wright Patman Federal Credit Union held in trust for Brian R. Matsui					X										X					X									
DC	Bank of Baltimore					X										X						X								
	American Savings Bank - checking					X										X					X									
	American Savings Bank - Two CDs			NA																Cashed out Proceeds						X				
	American Savings Bank - CD held in trust for Brian R. Matsui					X								NONE																

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
ROBERT TAKLO MATSUI

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S DC JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Union Bank - CD				X										X							X								
Golden One Credit Union - CD				X										X								X							
Bank of America - CD					X									X								X							
Bank of America - checking				X										X						X									
Nartrov, Inc. stock (inherited)					X							NONE	(income loss)						X										
Shearson Lehman Brothers account - (inherited) not self-directed (see attached)							X					NONE																	

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Reporting Individual's Name
ROBERT TAKEO MATSUI

PARTS II AND III - ASSETS AND "UNEARNED" INCOME

Shearson Lehman Brothers

Money funds
American Express Daily Dividend Fund

Common Stocks
Applied Solar Energy Corp.
Pacific Gas & Electric Co.
Portland General Corp.
Sierra Pacific Resources
Wetterau Inc.
Wetterau Properties Inc.

Municipal Bonds
Martinez Calif Mult Fam Hsg Rv Regd-Marin S&L FSLIC Insd CD to100M-dtd 4/1/83
California Hlth Facl Auth Rev St Joseph Hlth Sym-Ser B-Regd dtd 4/1/84 F/C 7/1/84 Callable
California Dept Wtr Res Ser E 5/1/83-Central Vly PJ Pwr Facs Rev
Univ Calif Revs Berkley Intra Sports Fac Regd dtd 5/1/86 F/C 11/1/86
California PCF PCR Pac Gas & Elec Co-Ser A-Reg-Ref dtd 5/1/86I/F6/190F/C12/1/90

Reporting Individual's Name

ROBERT TAKEO MATSUI

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 – over
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

ROBERT TAKEO MATSUI

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [X]

S. DC. JT.	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

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Reporting Individual's Name
ROBERT TAKEO MATSUI

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section); aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
General Produce Company Sacramento, CA	$500 sympathy gift (waiver received from Ethics Committee)	$500

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
California Board of REALTORS	1/18/91	One night lodging and meal, Monterey, CA	
Asian American Legal Defense & Education Fund	2/14-15/91	Roundtrip air travel from DC to New York City, one night lodging and meal for spouse, New York City	
Manzanar Reunion Committee	8/30/91	One night lodging and meal, Los Angeles, CA	
Japanese Chamber of Commerce of Southern California	10/11-12/91	Roundtrip air travel from DC to Los Angeles, limousine service, and one night lodging and meal, Los Angeles, CA	
Asia Society	10/26/91	Roundtrip air travel from DC to Los Angeles, one night lodging and meal, Los Angeles, CA	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ROBERT TAKEO MATSUI

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Robert T. Matsui	May 14, 1992

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(6)

MAY 15 1992

mc (Office Use Only)

Honorable Nicholas Mavroules
(Full Name)

2334 Rayburn Building
(Mailing Address)

225-8020
Telephone

Washington, D.C 20515

Filer Status	X Member of the U.S. House of Representatives	State District	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE X

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Honorable Nicholas Mavroules

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S DC JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: George Wash. Credit Union Accounts				X									X									X						
	Examples: 182 Main Street, Dover, Delaware					X							X									X						
	626 Lynnway Assoc.	X												X								X							X
JT	Shawmut Bank				X									X								X							
	Celtics Limited Partnership	X												X	X					X									
JT	Fleet Bank of Massachusetts	X												X						X									
	First Colonial Bank			X										X						X									
	Peabody Municipal Retirement Plan			X															X										

For additional assets and unearned income, use next page

Reporting Individual's Name

Honorable Nicholas Mavroules

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000-
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	626 Lynnway Associates		X		5-22-91			X				

Reporting Individual's Name
Honorable Nicholas Mavroules

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Fleet Bank of Massachusetts	Home equity loan on personal residence.		X					

Reporting Individual's Name: Honorable Nicholas Mavroules

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
North Shore Leasing	Use of Automobile	200.00
Greek Embassy	Greek Icon	~ 80.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Raytheon Corporation	April 8, 1991	One way travel from Hanscom Air Force Base to Washington, D.C.	
Electronics Industries Assoc.	March 23-29, 1991	Roundtrip air from Boston to Ft. Meyer, Florida, 4 days food and lodging, self and spouse, for legislative conference	
Mr. Rich Bartnik	August 27, 1991	Two tickets to Phantom of the Opera	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

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Reporting Individual's Name
Honorable Nicholas Mavroules

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Partner (until 5-22-91)	626 Lynnway Associates
Limited Partner	Celtics Limited Partnership

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): 5-15-92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(10)

92 .. 14 AM 11:24

HAND DELIVERED

ROMANO L. MAZZOLI
(Full Name)

939 Ardmore Drive
(Mailing Address)

Louisville, Kentucky 40217

Telephone 202-225-5401

Filer Status: [X] Member of the U.S. House of Representatives — State Kentucky District Third; [ ] Officer or Employee; Employing Office

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination; Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

Source	Type	Amount
Examples: State College	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
ALEXANDRIA DRAFTING COMPANY	Spouse Salary	$28,489.97
WEICHERT-MOUNT VERNON REAL ESTATE COMPANY	Spouse Referral Fee Less	
	Expenses	$ 1,760.00
U.S. TREASURY	Interest on Overpayment	
	of 1991 Federal Income	
	Taxes	$ 20.01

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
ROMANO L. MAZZOLI

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X) A: None	B: Less than $1,001	C: $1,001 - $15,000	D: $15,001 - $50,000	E: $50,001 - $100,000	F: $100,001 - $250,000	G: $250,001 - $500,000	H: $500,001 - $1,000,000	Actual Value of Asset	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Actual Value of Interest	Category of Amount of Income (X): I: None	II: Less than $201	III: $201 - $1,000	IV: $1,001 - $2,500	V: $2,501 - $5,000	VI: $5,001 - $15,000	VII: $15,001 - $50,000	VIII: $50,001 - $100,000	IX: $100,001 - $1,000,000	Over $1,000,000	Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional. M = MEMBER/FILER																												
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X							X
			George Wash. Credit Union Accounts				X								X								X						
			182 Main Street, Dover, Delaware					X						X								X							
M	Congressional Federal Credit Union																												
	Account #62976-0 (Savings)			X							$26.74			X			$6.06		X										
	Account #62976-1 (Checking)				X						$9,444.39			X			$333.58				X								
S	Congressional Federal Credit Union																												
	Account #84720-0 (Savings)				X						$1,564.86			X			$136.78		X										
	Account #84720-1 (Checking)				X						$7,852.21			X			$291.11				X								

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For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROMANO L. MAZZOLI

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)									Actual Value of Asset	Type of Income (X)					Actual Value of Interest	Category of Amount of Income (X)										Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional. M = MEMBER/FILER	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED "RULE"	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $2,500	III $2,501 - $5,000	IV $5,001 - $15,000	V $15,001 - $50,000	VI $50,001 - $100,000	VII $100,001 - $1,000,000	VIII Over $1,000,000	IX	
	S	Congressional Federal Credit Union																										
		CD # 24126			X						$2,958.44			X			$195.83		X									
		CD # 24973			X						$1,400.80			X			$ 47.03		X									
		CD # 25778			X						$2,572.10			X			$ 23.47		X									
		CD # 25779			X						$4,194.23			X			$ 38.28		X									
		Interest Earned on Matured CDs: #16541($52,601);#20744($170,475);#2795($56,253)												X			$379.52			X								
	M	Sergeant-At-Arms, House of Reps.																										
		# 5484 (Closed 11/91)	X														None	ENDING BALANCE $992.00										
	S	The Cumberland #01-000-001-0061011554 99		X							$ 272.88			X			$ 12.98		X									
	JT	First Natl. Bank & Trust Co.																										
		# 427-5518-4 (Checking)			X						$4,103.86			X			$ 25.91		X									
	M	U.S. Savings Bonds Series E			X						$2,828.44			X			$244.51			X								
	S	Liberty National Bank & Trust Co.																										
		CD # 010090063046			X						$6,101.72			X			$429.50			X								
	S	Massachusetts Mutual Life Ins. Co. Profit Sharing Plan			X						$2,700.00			X			$279.76			X								

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

ROMANO L. MAZZOLI

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional M = MEMBER/FILER		Year End Value (X)									Actual Value of Asset	Type of Income (X)					Actual Value of Interest	Category of Amount of Income (X)									Transaction (X)
S DC JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S	U.S. Treasury Bills																											
	# 912794WF7		X											X			$362.00			X								
	# 912794WH3		X											X			$356.40			X								
	# 912794VT8		X											X			$372.60			X								
	# 912794WS9			X							$10,000			X			$317.50			X								
	# 912794WV2			X							$10,000			X			$292.70			X								
	# 912794XM1			X							$10,000			X			$283.60			X								
S	Liberty Natl. Bank & Trust Co.																											
	IRA # 01527329				X						$21,302.18			X			$1,709.23				X							
M	Liberty Natl. Bank & Trust Co.																											
	IRA # 2905081232				X						$19,001.56			X			$1,576.80				X							
M	Civil Service Retirement System Contribution Since 1971					X					$78,424.06																	
M	Federal Employee (401-k) Thrift Savings Plan				X						$28,801.45			X			$1,801.03				X							
M	Liberty Natl. Bank & Trust																											
	# 00922008 (Checking)			X							$11,748.39			Y			$ 26.84		X									

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROMANO L. MAZZOLI

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional. M = MEMBER/FILER)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Actual Value of Asset	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Actual Value of Interest	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK D Transaction (X)
JT	Real Estate: Rental/Investment																											
	929 Parkway Drive																											
	Louisville, Kentucky 40217																Rent = $5280.00											
	Assessed Value $44,660.00																Interest 75.91											
	Less Mortgage 34,144.57																$5355.91											
	Net Value $10,515.43			X						$10,515.43	X						Expenses 5741.93											
																	($ 386.02)											
	Real Estate: Personal																											
JT	939 Ardmore Drive																											
	Louisville, Kentucky 40217																											
	Assessed Value $58,700.00																											
	Less: Mortgage 2,394.82																											
	Net Value $56,305.18					X				$56,305.18																		
JT	1030 Anderson Street Alexandria, Virginia 22312																											
	Assessed Value $190,300.00																											
	Less Mortgage 34,140.75																											
	Net Value $156,159.25						X			$156,159.25																		

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: ROMANO L. MAZZOLI

S. DC. JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional. M = MEMBER/FILER)	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Actual Value of Asset	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Actual Value of Interest	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	Automobiles:																												
JT	1965 Rambler																												
	Assessed Value		X								$242.00																		
JT	1973 Chevrolet																												
	Assessed Value			X							$1049.00																		
JT	1985 Chevrolet																												
	Assessed Value			X							$2878.00																		
JT	Household Goods and Personal Items			X																									

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Reporting Individual's Name

ROMANO L. MAZZOLI

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 +
	Example ABC Corporation Common Stock	X			10-12-90			X				
S	Massachusetts Mutual Life Insurance Company: Spouse paid Insurer											
	$2700.00 to re-enter her employer's (Alexandria Drafting Company)											
	profit sharing plan.	X			12-18-91	X						
M	Loan of $1,900.00 to R.L. Mazzoli Campaign Fund 12/7/90											
	Loan repaid in full 2/1/91				02-01-91	X						

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Reporting Individual's Name
ROMANO L. MAZZOLI

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Mrs. Brad Valla, 3774 Illinois Avenue	Mortgage on 929 Parkway Drive							
	Louisville, Kentucky 40217	Louisville, Kentucky 40217 Actual Balance $34,144.57		X					

Reporting Individual's Name: ROMANO L. MAZZOLI

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
ROMANO L. MAZZOLI

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Spouse - Board of Directors	Ursuline Campus School, Louisville, Kentucky

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15) Yes ☐ No [X] NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Romano L. Mazzoli

DATE (Month, Day, Year): May 14, 1992

(13)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, Officers, and employees

Janis L. Meyers
(Full Name)

8408 W. 90th Street
(Mailing Address)

Overland Park, KS 66212

Telephone: 913-648-7516

Filer Status	[X] Member of the U.S. House of Representatives	State: Kansas District: Third	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Capitol Federal	Spouse - Talent Fee	

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Janis L. Meyers

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name

Janis L. Meyers

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during this year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT*	INTEREST*	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST*		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: ABC Corporation Stock	S			X								X									X								X
	George Wash. Credit Union Accounts					X									X									X						
	182 Main Street, Dover, Delaware						X						X										X							
S	Principal Mutual				X														Pension						X					
JT	Capitol Federal				X										X							X								
JT	Metcalf State Bank					X									X									X						
	Congressional Federal Credit Union					X									X							X								
JT	Baxter Springs, Ks. - Bonds			X											X							X								
JT	Nueces County, Tex. - Bonds			X											X							X								

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Janis L. Meyers

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
JT	Jefferson County, Ky. - Bonds			X										X								X								
JT	Southeastern Okla. Ind. - Bonds			X										X								X								
JT	Gulf Coast Waste Disposal - Bonds			X										X								X								
JT	CMA Tax Exempt Fund			X										X							X									
S	Burlington, Ks. - Bonds			X										X								X								X
JT	Johnson County, Ks. - Bonds			X										X								X								
	New Hampshire IRB - Bonds			X										X								X								
	Uinta County, Wy. - Bonds				X									X								X								
S	BRE Properties			X								X									X									
S	American Capital - Mutual Fund			X								X										X								
S	Carnegie Money Market				X							X												X						
S	Great Hall Money Market				X							X									X									
JT	Computer Science Corp. - Stock			X								X								X										
JT	DH Technology, Inc. - Stock			X								X								X										
JT	NYNEX Corporation - Stock			X								X									X									

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Janis L. Meyers

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)										
S DC JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
JT	Wal Mart Stores, Inc. - Stock				X							X								X									
	Wyoming Land				X								X							X									
S	U.S. Treasury Bonds								X					X				IRA	X										
S	Comstock Partners				X							X						IRA	X										
S	Anheuser Busch, Inc. - Stock					X						X						IRA											
S	Aon Corp. - Stock					X						X						IRA											
S	Browning-Ferris Ind. - Stock				X							X						IRA											
S	Eastman Kodak Co. - Stock				X							X						IRA											
S	Freeport McMoran - Ptn.					X							X					IRA											
S	Genuine Parts - Stock					X						X						IRA											
S	Northern States Power - Stock					X						X						IRA											
S	Rockwell International - Stock					X						X						IRA											
S	Great Hall Money Market						X					X						IRA				X							
S	Oklahoma Mineral Rights				X													Royalty		X									
	Kansas Farm Land					X							X																

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Reporting Individual's Name

Janis L. Meyers

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
DC, S, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Security National Bank			X										X														
	Nebraska Farm Land					X							X															
	Midwest Resources - Stock			X								X							X									
	NE Utilities - Stock			X								X							X									

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Reporting Individual's Name

Janis L. Meyers

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 +
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Burlington, KS. - Bonds		X		3-1-91		X					
S	U.S. Treasury Bonds	X			6-6-91		X					
S	U.S. Treasury Bonds		X		6-6-91		X					
S	U.S. Treasury Bonds	X			7-1-91		X					
S	Comstock Partners	X			7-2-91	X						
S	Pacific Western - Stock		X		1-8-91	X						
S	Applied Materials - Stock		X		1-17-91		X					
S	Upjohn Company - Stock		X		1-25-91		X					
S	Johnson & Johnson - Stock		X		1-29-91		X					
S	Bristol Myers Squibb - Stock		X		1-30-91	X						
S	Kemper Corp. - Stock		X		2-7-91		X					
S	Boeing Co. - Stock	X			2-19-91	X						
S	Stewart & Stevenson - Stock	X			2-22-91	X						
S	Groundwater Technology - Stock	X			2-27-91		X					
S	Aon Corp. - Stock	X			2-27-91	X						
S	Sony Corp. - Stock	X			3-5-91		X					
S	Lawson Products - Stock	X			3-5-91	X						

Reporting Individual's Name

Janis L. Meyers

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Genentech, Inc. - Stock	X			3-5-91		X					
S	Augat, Inc. - Stock		X		3-6-91	X						
S	Autodesk, Inc. - Stock	X			3-13-91	X						
S	Eaton Corp. - Stock	X			3-26-91		X					
S	Groundwater Technology - Stock		X		3-27-91		X					
S	Procter & Gamble Co. - Stock	X			4-2-91		X					
S	James River Corp. - Stock	X			4-22-91	X						
S	Agency Rent A Car - Stock		X		4-22-91	X						
S	Stewart & Stevenson - Stock		X		4-30-91	X						
S	AutoDesk, Inc. - Stock		X		5-6-91		X					
S	Eaton Corp. - Stock		X		5-28-91		X					
S	Amoco Corp. - Stock	X			6-4-91		X					
S	Northern States Power - Stock	X			6-4-91		X					
S	Lilli Ell & Co. - Stock	X			6-5-91	X						
S	Lilli Ell & Co. - Stock		X		6-24-91	X						
S	Procter & Gamble - Stock		X		6-25-91		X					
S	Genentech, Inc. - Stock		X		7-17-91		X					

Reporting Individual's Name

Janis L. Meyers

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				
S	Deere & Co. - Stock	X			7-29-91		X					
S	Boeing Co. - Stock		X		7-30-91	X						
S	Sony Corp. - Stock		X		7-31-91	X						
S	Deere & Co. - Stock		X		8-5-91	X						
S	Browning-Ferris Ind., Inc. - Stock	X			8-20-91		X					
S	CBS, Inc. - Stock	X			8-20-91		X					
S	Genuine Parts Co. - Stock	X			8-21-91		X					
S	Anheuser Busch Co. - Stock	X			9-19-91		X					
S	Lawson Products, Inc. - Stock		X		10-9-91	X						
S	Rockwell International Corp. - Stock	X			11-6-91		X					
S	C3S, Inc. - Stock		X		11-15-91	X						
S	James River Corp. - Stock		X		11-15-91	X						
S	Amoco Corp. - Stock		X		11-18-91	X						
S	Eastman Kodak Corp. - Stock	X			12-27-91	X						

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Reporting Individual's Name

Janis L. Meyers

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name

Janis L. Meyers

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4 limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute		3/14-16/91	Roundtrip transportation Wash., D.C. to Princeton, meals & lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Janis L. Meyers

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
Janis L. Meyers

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Janis Meyers	May 13, 1992

GPO: 1991 50-267 (m)

92 JUN -8 PM 4:28

FILER: The Honorable Janis L. Meyers

Amendment to Financial Disclosure Statement

HAND DELIVERED

MC

PART II. ASSETS

Address of land for which we own portion of mineral rights is Muscogee, Oklahoma.

Address of pasture land referred to as Kansas Farm Land is Jewell County, Kansas.

Address of Nebraska Farm is Nuckolls County, Nebraska.

PART IV. TRANSACTIONS

Oklahoma mineral rights. These rights, shared with other members of the family, were part of my husband's grandfather's estate which was probated in 1940. I don't know why this was not included in last year's report. It's a small amount of income, and I believe my CPA and I overlooked it.

Kansas Farm Land; Nebraska Farm Land, Midwest Resources Stock; N.E. Utilities Stock; New Hampshire IRB Bonds; Uinta County Bonds; D.H. Technology Stock are all from my parents' estate, which was finally probated in January of 1991.

B.R.E. properties is from my husband's mother's estate probated in 1980, and has been included in past reports I believe under its former name, Bankamerica Realty.

CMA tax exempt Fund.
As interest accrues from our municipal bonds, it is placed in this fund by Merrill Lynch. It never accumulates for very long (we spend it), so that some years it may not be reported, because there's nothing to report.

Jan Meyers

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY 15 PM 4:52

9

Kweisi Mfume
(Full Name)

217 Cannon HOB — 202/225-5741
(Mailing Address) — Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State Maryland District 7th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC

(Office Use Only)

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In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Kweisi Mfume

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	SEE ATTACHED LIST			

Reporting Individual's Name
Kweisi Mfume

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X									X						
		Apartment - 3403 Hilton Road Balto. MD.					X						XX											X					

For additional assets and unearned income, use next page

Reporting Individual's Name: Kweisi Mfume

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				
	Black Entertainment Television Stock	X			10/20/91 11/6/91	X						

Financial Disclosure A-3

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Reporting Individual's Name

Kwoisi Mfume

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Loyola Federal Savings, Baltimore	Mortgage on 3403 N. Hilton Road - Baltimore, MD.			X				

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Reporting Individual's Name: Kweisi Mfume

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
N/A		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging: self and spouse	
Connell Rice & Sugar Co., Inc.	5/3/91	Roundtrip trainfare provided in connection with speaking engagement from Baltimore to Newark	
National Association of Real Estate Brokers	8/12-8/14/91	Roundtrip airfare from Baltimore to New Orleans, LA and 2 nights lodging in connection with speaking eng.	
National Minority Supplier Development Supplier Council	10/21, 91	Roundtrip airfare from Baltimore to New York and 1 night lodging provided in connection with speaking eng.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
Kweisi Mfume

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board Member	Big Brothers and Big Sisters of Central Maryland
Board of Regents	Morgan State University
Board of Trustees	Baltimore, Museum of Art
Board Member	Parents Anonymous

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Kweisi Mfume	5-15-92

1991 CHARITABLE CONTRIBUTIONS EARNED IN LIEU OF HONORARIA

DATE OF CHECK/EVENT	FROM WHOM	AMOUNT
2/3/91	WBAL - TV, Baltimore Appearance on Monthly Talk Show "First Sunday"	$ 500.00
2/21/91	The College Board - Speaker at Regional Opening Session in Baltimore, MD	$ 300.00
3/12/91	Fannie Mae - Black History Month Speaker - D.C.	$2,000.00
3/3/91	WBAL - TV, Baltimore Appearance on Monthly Talk Show "First Sunday"	$ 500.00
4/7/91	WBAL - TV, Baltimore Appearance on Monthly Talk Show "First Sunday"	$ 500.00
4/25/91	Coleman/Bartlett's Washington Focus - Speaker at Seminar in D.C.	$2,000.00
4/30 91	National Bankers Assoc. Annual Regional Legislative Speaker - Regulatory Conference - D.C.	$ 500.00
5/3/91	Connell Rice & Sugar Co. Luncheon Speaker-Westfield, New Jersey.	$2,000.00
5/5/91	WBAL - TV, Baltimore Appearance on Monthly Talk Show "First Sunday"	$ 500.00

EARNED CONTRIBUTIONS 1991
Page 2

DATE OF CHECK/EVENT	FROM WHOM	AMOUNT
6/2/91	WBAL - TV, Baltimore Appearance on Monthly Talk Show "First Sunday"	$ 500.00
7/7/91	WBAL - TV , Baltimore Appearance on Monthly Talk Show "First Sunday"	$ 500.00
8/4/91	WBAL - TV, Baltimore Appearance on Monthly Talk Show "First Sunday"	$ 500.00
9/1/91	WBAL - TV, Baltimore Appearance on Monthly Talk Show "First Sunday"	$ 500.00
10/6/91	WBAL - TV, Baltimore Appearance on Monthly Talk Show "First Sunday"	$ 500.00
11/3/91	WBAL - TV, Baltimore Appearance on Monthly Talk Show, "First Sunday"	$ 500.00
	TOTAL AMOUNT EARNED	$11,800.00
	TOTAL AMOUNT DONATED TO CHARITY	$11,800.00

HAND DELIVERED

92 JUN 28 PM 12 14

COMMITTEES
Banking, Finance & Urban Affairs
Small Business
Education & Labor
Select Committee on Narcotics

SUB COMMITTEES
Housing & Community Development
Financial Institutions Supervision
S&A and the General Economy

MEMBER
Congressional Black Caucus
Caucus on Women's Issues
Congressional Arts Caucus
Federal Government Service Task Force

Congress of the United States
House of Representatives
Washington, D.C. 20515

KWEISI MFUME
7TH DISTRICT, MARYLAND

WASHINGTON OFFICE
128 Cannon Building
Washington, D.C. 20515
202 225-4741

DISTRICT OFFICES
3000 Druid Park Drive
Baltimore, MD 21215
301 367-1900

6326 Security Boulevard
Baltimore, MD 21207
301 298-5997

2203 N. Charles Street
Baltimore, MD 21218
(By Appointment Only)
301 235-2700

May 28, 1992

1
MC

Honorable Donnald K. Anderson
Clerk of the House
H-105, The Capitol
Washington D.C. 20515

Dear Mr. Anderson:

This letter is being forwarded to you in order to amend my 1991 Financial Disclosure Form. In reviewing this document, I realized that although I had listed my Black Entertainment Television (BET) stock on page 4 under part IV - "Transactions", I failed to list this item under the Assets and "Unearned" Income section on page 3, Blocks A & B.

Please amend my Financial Disclosure statement to list the BET stock's year end value under Block B, in the category of $1,001 - $15,000. No dividends were received.

In addition, please amend the part IX agreements section on page 7 by checking the "None" box.

Thank you in advance for your attention to this matter. If there are any further questions, feel free to contact me at 225-4741.

Sincerely,

Kweisi Mfume
Member of Congress

KM:rm

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 (9)

Robert H. Michel
(Full Name)

H232, U.S. Capitol
(Mailing Address)

225-0600
(Telephone)

Washington, D.C. 20515

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State Illinois District 18th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC. (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. Treasury	Disability Pension	$996.

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Robert H. Michel

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Liebengood & Gold, Washington, D.C.	Speech	Jan. 8, 1991	$2,000
Illinois Hospital Assoc., Washington, D.C.	Speech	Jan. 29, 1991	2,000
Hogan & Hartson, Wash., D.C.	Speech	March 1, 1991	2,000
American Council Capital Forum, Wash., D.C.	Speech	March 21, 1991	2,000
Aluminum Assoc., Wash., D.C.	Speech	April 10, 1991	2,000
Associated Specialty Contractors, Wash., D.C.	Speech	April 22, 1991	2,000
Assoc. of Independent Cor. Conv., Washington, D.C.	Speech	April 25, 1991	2,000
Tobacco Institute, Wash, D.C.	Speech	June 4, 1991	2,000
Interstate Natural Gas, Wash, D.C.	Speech	June 25, 1991	2,000
National Coal Assoc., Wash., D.C.	Speech	Sept. 11, 1991	2,000
Cosmetic, Toiletry & Fragrance Assoc., Wash., D.C.	Speech	Sept. 14, 1991	2,000
American Medical Assoc., Wash., D.C.	Speech	Oct. 3, 1991	2,000
American Hardware Assoc., Wash., D.C.	Speech	Oct. 21, 1991	2,000
National Council of Chain Restaurants	Speech	Oct. 23, 1991	2,000

Reporting Individual's Name: Robert H. Michel

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and; financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X								X							
			182 Main Street, Dover, Delaware					X							X										X						
	2/3 interest in 320 8th St. Assoc.								X						X											X					
	Columbia First Bank							X								X									X						
	Congressional Credit Union					X										X							X								
	Ohio National Life Ins.					X										X					X										
	Transamerica Occidental Life					X										X					X										
	Shearson-Lehman - Sirach Capital								X					X											X						

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Robert H. Michel

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income														BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Shearson-Lehman - IRA					X									N/A														
Shearson-Lehman - IRA	S				X									N/A														
Shearson-Lehman - Keogh							X							N/A														

Reporting Individual's Name
Robert H. Michel

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Financial Disclosure A-3

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Reporting Individual's Name

Robert H. Michel

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington Delaware	Mortgage on 182 Main St Dover Del				X			
	Talman Home Mortgage Co.	2/3 Mortgage on 320 8th St., S.E. Wash., D.C.			X				

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Reporting Individual's Name
Robert H. Michel

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Dinah Shore Golf Tournament (Charity Golf Tournament)	Golf clothing & accessories	Less than $200
Kemper Golf Tournament (Charity Golf Tournament)	Golf clothing & accessories	Less than $200
Jerry Ford Invitational Golf Tourn. (Charity Golf Tournament)	Golf clothing & accessories	Less than $200
Danny Thompson Memorial Golf Tourn. (Charity Golf Tournament)	Golf clothing & accessories	Less than $200
Bryant Gumble Pro-Am Golf Tourn. (Charity Golf Tournament)	Golf clothing & accessories	Less than $200
J.C. Penney Golf Tournament (Charity Golf Tournament)	Golf clothing & accessories	Less than $200

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Tribune Broadcasting Speech	Mar. 8-11 1991	Roundtrip Air Travel from Wash., D.C. to Phoenix, 3 days food & lodging	
Dinah Shore Golf Tournament (Charity Golf Tournament)	Mar. 24-27 1991	Roundtrip Air Travel from Wash., D.C. to Palm Springs, Cal. (Lodging at own expense)	
Congressional Institute	Mar. 14-16, 1991	Roundtrip Rail Travel from Wash., D.C. to Princeton, N.J., 2 days food & Lodging, self & spouse	
Danny Thompson Memorial Golf Tourn. (Charity Golf Tournament)	8/19/91-8/26/91	Roundtrip Air Travel from Peor., IL to Sun Valley, Ida., self & spouse (Lodging at own expense)	
Bryant Gumble Pro-Am Golf Tourn. (Charity Golf Tournament)	10/18/91-10/20/91	Roundtrip Air Travel from Wash., D.C. to Orlando, Fla. 2 days food & lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Robert H. Michel

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
J.C. Penney Golf Tournament (Charity Golf Tournament)	12/2/91-12/5/91	Roundtrip Air Travel from Wash., D.C. to Tampa, Fla., 3 days food & lodging	
Corning Glass Works Conference	12/6/91-12/8/91	Roundtrip Air Travel from Wash., D.C. to Augusta, GA., 2 days food & lodging	

Reporting Individual's Name: Robert H. Michel

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Trustee	Bradley University (uncompensated)
Partner	320 8th St., S.E. Assoc.
Director	Dirksen Congressional Research Center (uncompensated)

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [XX]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert H. Michel

DATE (Month, Day, Year): May 7, 1992

GPO: 1992 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 5:33
HAND DELIVERED
MC (Office Use Only)

(9)

Clarence E. Miller
(Full Name)

2308 Rayburn HOB
(Mailing Address)

202-225-5131
Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Ohio District: 10th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Columbia Gas Company	pension	1,508.00
	U.S. Government	Social Security	15,086.00

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Clarence E. Miller

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

Reporting Individual's Name
Clarence E. Miller

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only **year end value** and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		Lot 52 Rising Park Lancaster				X														X										
		Lot 51 " " "				X														X										
		Metropolitan Life			X								X		X							X								

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Clarence E. Miller

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Credit Union																												
Wright Patman Federal Congressional					X		X							X										X				
Prudential Insurance Company					X							X		X								X						
Newell Company				X								X								X								
Equitable Insurance				X								X		X						X								
IRA Retirement All					X									X							X							

2700

Reporting Individual's Name
Clarence E. Miller

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10 12 90			X				

Reporting Individual's Name
Clarence E. Miller

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE ☒

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Financial Disclosure A-4

2702

Reporting Individual's Name: Clarence E. Miller

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☒

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Clarence E. Miller

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
Clarence E. Miller

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☒

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Clarence E. Miller	5-15-92

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 13 PM 5:21

(8)

GEORGE MILLER
(Full Name)

2228 Rayburn HOB
(Mailing Address)

Telephone

Washington, DC 20515 — 202-225-2095

Filer Status	X	Member of the U.S. House of Representatives — State California, District 7th	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination — Termination Date

HAND DELIVERED

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(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2706

Reporting Individual's Name
GEORGE MILLER

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	NONE			

2707

Reporting Individual's Name

GEORGE MILLER

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X								X							
		127 D St., SE, Wash., DC							X					X											X				
S		IRA Money Market Fund, Charles Schwab Co.			X										X							X							
		Stock Fund, S.I.F.E. Trust, Walnut Creek, California (IRA)			X								X									X							
JT		Stock Fund, Putnam Mutual Fund (401K)			X								X									X							
JT (with son)		2002 Greene St., Apt. 412, Columbia, S.C. (half interest w/son)					X																						
DC		Savings Account: 100 shares of Bank of America			X																								

For additional assets and unearned income, use next page

2708

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
GEORGE MILLER

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
DC	Savings Account: 200 shares of Hotel Investors			X																									
DC	Savings Account: 200 shares of Seagate Technology			X																									

2709

Reporting Individual's Name
GEORGE MILLER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

$, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

2710

Reporting Individual's Name

GEORGE MILLER

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Wright Patman Congressional Federal Credit Union, Wash., DC	personal loan	X						
	Columbia First Federal Savings & Loan Assoc., Wash., DC	mortgage on 127 D St., SE, Wash., DC			X				
	Security Mortgage Co., Columbia, South Carolina	mortgage on 2002 Greene St., Apt. 412, Columbia, S.C.			X				

2711

Reporting Individual's Name
GEORGE MILLER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
1. Hotel & Restaurant Employees International Union	1/28/91	Air travel from San Francisco to Palm Springs and Palm Springs to Wash., DC	
2. Laborers' International Union	3/17-18/91	Air travel from San Francisco to Las Vegas and Las Vegas to Wash., DC; food & lodging for 1 night	
3. Hotel & Rest. Employees Internat'l Union	6/21/91	Air travel from Los Angeles to Las Vegas	
4. Circus Circus	6/21/91	Air travel from Las Vegas to San Francisco	
5. Colorado River Water Users Assoc.	12/11-12/91	Air travel from San Francisco to Las Vegas and return S.F.; food and lodging for 1 night	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
GEORGE MILLER

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
George Miller	5-13-92

GPO 1991 - 305-304/[illegible]

GEORGE MILLER
7TH DISTRICT, CALIFORNIA
2228 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0507
(202) 225-2095
JOHN LAWRENCE
ADMINISTRATIVE ASSISTANT

CHAIRMAN
COMMITTEE ON INTERIOR AND INSULAR AFFAIRS
CHAIRMAN, SUBCOMMITTEE ON WATER, POWER AND OFFSHORE ENERGY RESOURCES

COMMITTEE ON EDUCATION AND LABOR

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

92 JUN 12 PM 4:02

Congress of the United States
House of Representatives
Washington, DC 20515-0507

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DISTRICT OFFICES
367 CIVIC DRIVE, #14
PLEASANT HILL, CA 94523
(510) 602-1880
MARY LANSING
DISTRICT DIRECTOR

3220 BLUME DR
SUITE 281
RICHMOND, CA 94806
(510) 262-6500

625 WEST 4TH ST
SUITE 4
ANTIOCH, CA 94509
(510) 778-3777

TTY (202) 225-1904

June 12, 1992

1

MC

Honorable Donnald K. Anderson
Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth HOB
Washington, DC 20515

Dear Mr. Anderson:

I am writing to amend my 1991 Financial Disclosure Statement.

Please add to Part VII "Reimbursements" the following item:

Source	Dates	Brief Description
B'nai B'rith Anti-Defamation League	Aug. 7-15, 1991	Fact-finding trip to Israel. Roundtrip air from Washington to Israel; 7 days meals and lodging for self and spouse

If you should have any questions, please do not hesitate to contact me.

Sincerely,

George Miller

GEORGE MILLER
Member of Congress

UN TED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . . 14 . . 2 04

(8)

JOHN RIPIN MILLER
(Full Name)

439 SECOND STREET SOUTHEAST
(Mailing Address)

(202) 546-4246
Telephone

WASHINGTON D.C. 20003

Filer Status	[X] Member of the U S House of Representatives	State Washington District	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2715

Reporting Individual's Name
JOHN RIPIN MILLER

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	NONE			

2716

Reporting Individual's Name

JOHN RIPIN MILLER

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts					X								X									X					
	182 Main Street, Dover, Delaware						X						X									X						
	[SEE ATTACHMENT]																											

2717

For additional assets and unearned income, use next page

Reporting Individual's Name
JOHN RIPIN MILLER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	NORDSTROM 200 SHARES		X			X						
JT	NYC G/O Ser C #649646MN3 [redeemed]		X				X					
JT	NYS Housing Fin Agcy [redeemed]		X			X						

Reporting Individual's Name

JOHN RIPIN MILLER

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 162 Main St. Dover, Del				X			

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Reporting Individual's Name
JOHN RIPIN MILLER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Norwegian Council	Crystal Polar Bear	$100.

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Democracy for China Fund		Aug 30,91	Airfare-Wa D.C./Hong Kong, Bejing/Hong Kong/Wa D.C.	
			plus 6 days food & lodging, self ~~[illegible]~~	
Congressional New York tour		May 16,91	3 day tour for self, spouse, & child at discounted	
			rate for air/meals/lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
JOHN RIPIN MILLER

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John Miller	May 14, 1992

JOHN RIPIN MILLER FINANCIAL DISCLOSURE STATEMENT

PART II AND III - ASSETS AND UNEARNED INCOME 1991

BLOCK A	BLOCK B	BLOCK C	BLOCK C	BLOCK D
JT AETNA LIFE	B	Dividend	II	
JT AMER. ELEC PWR	C	Dividend	III	
JT AMER. T & T	C	Dividend	III	
JT AMETEK	C	Dividend	II	
JT B A T INDS	C	Dividend	III	
JT BEAR STEARNS CASH FUND	D	Interest	II	
JT BECKMAN INSTR.	A	Dividend	I	
JT BECTON DICKINSON	C	Dividend	II	
JT BELLSOUTH	C	Dividend	IV	
JT BRIDGEPORT CONN	C	Interest	IV	
JT BULLARD TEX INDPT-BOND	B			
JT EGGHEAD	B			
JT FIDELITY MAGELLAN	D	CGD, Dividend	V	
JT FIDELITY OVERSEAS	C	CGD, Dividend	III	
JT FIRST TR INSD. MUN. #129	C	Princ & Int	V	
JT FORD MOTOR	B	Dividend	II	
JT GENERAL CINEMA	B	Dividend	I	
JT IBM	C	Dividend	III	
IRA BALCOR EQUITY	B		I	
IRA FIDELITY MAGELLAN	C		I	
S IRA GABELLI VALUE FD	B	Dividend	I	
S IRA PHILADELPHIA SAVINGS	B		I	
JT IRA PIPER JAFREY MONEY MKT	B	Interest	I	
JT LOTUS DEV	B			
JT MAY DEPT STORES	C	Dividend	III	
JT MCDONALDS	B	Dividend	I	
JT MICROSOFT	E			
JT NORDSTROM	D	Dividend	II	SOLD 200
JT NOVO NORDISK	C	Dividend	I	
JT NY MUNI INVST TR#12	B	Interest	I	
JT NY MUNI INVST TR.#626232334	C	Interest	IV	
JT NY MUNIC ASSTC.#626190JF0	D	Interest	V	
JT NY PUB IMP -SUFFOLK CTY #864	C	Interest	IV	
JT NYC G/O SER C #649646MN3		Interest	IV	REDEEMED
JT NYS DORM AUTH #649830GN0	C	Interest	III	
JT NYS HOUSING FIN AGCY	B	Interest	II	
JT NYS MORTG. AGCY#R-117		Interest	II	REDEEMED
JT PEPSICO	C	Dividend	II	
JT PHILLIPS PETROLEUM	B	Dividend	II	
JT PIPER JAFFRAY MONEY MKT	B	Interest	III	
JT SCHLUMBERGER LTD	C	Dividend	II	
JT SHURGARD INCOME PROP.	B	Int & Ord Inc	I	
JT SILVER SCREEN PTRS	B	Int & Ord Inc	II	
JT SMITHK.BEECHAM UNITS	B	Dividend	I	
JT SOUTHERN CO	C	Dividend	III	
JT STATE OF ISRAEL-BOND	A		I	
JT US WEST	C	Dividend	III	
JT VENTURE STORES	B	Dividend	I	
JT WESTMARK INTERN.	C			

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 3 14

(Full Name) Norman Yoshio Mineta

(Mailing Address) 2350 Rayburn House Office Building
Washington, D.C. 20515

Telephone 202-225-2631

Filer Status: [X] Member of the U.S. House of Representatives — State CA, District 13 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	United Airlines	Spouse Salary	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Norman Yoshio Mineta

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Genentech, Inc.	Speech	Feb. 7-8	$1,000.00
Associated Equipment Distributors	"	May 8	$1,000.00
Interstate Truckload Carriers Conference	"	June 19	$1,000.00
American Road and Transportation Builders	"	June 26	$1,000.00
Municipal Bond Investors Assurance Corporation	"	Nov. 10-11	$2,000.00
Salomon Brothers, Inc.	"	Nov. 14-15	$1,500.00

Reporting Individual's Name
Norman Yoshio Mineta

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)										Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	i Less than $201	ii $201 - $1,000	iii $1,001 - $2,500	iv $2,501 - $5,000	v $5,001 - $15,000	vi $15,001 - $50,000	vii $50,001 - $100,000	viii $100,001 - $1,000,000	ix over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: George Wash. Credit Union Accounts				X									X										X					
	Examples: 182 Main Street, Dover, Delaware					X							X										X						
	Union Bank Stock			X								X									X								
	Southern California Edison Stock		X									X								X									
	Residence at: 1564 Peregrino Way, San Jose, CA							X					X												X				
	Wright Patman Congressional Federal Credit Union Account		X											X							X								
	1/5 interest in improved property at: 545 N. 5th St., San Jose, CA			X															X										
S	Residence at : 755 De La Luz Circle, Perris, CA						X						X											X					

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Reporting Individual's Name: Norman Yoshio Mineta

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

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Reporting Individual's Name

Norman Yoshio Mineta

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S DC JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Coast Funding Corp., San Jose, CA	Mortgage on property at: 1564 Peregrino Way, San Jose, CA					X		
	Charles W. Davidson	Loan	X						
S	KeyCorp Mortgage, Inc., Buffalo, NY	Mortgage on property at: 755 De La Luz Cir., Perris, CA			X				

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Reporting Individual's Name: Norman Yoshio Mineta

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Genentech	Feb. 7-8	Airfare for self: D.C. - Palm Springs, CA Meals, lodging & ground transportation (self and fiancee)	
Japanese American National Museum	Feb. 8-10	Meals, lodging & ground transportation (self and fiancee)	
National Private Truck Council	Apr. 7-9	Airfare for self: SFO - New Orleans - D.C. Meals, lodging & ground transportation (self and spouse)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Norman Yoshio Mineta

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
American Bus Association	Apr. 14-15	Airfare self and spouse: SJ-Palm Springs-D.C. Meals, lodging & ground transportation (self and spouse)	
Los Angeles County Transportation Commission	May 17	Airfare self: SJ-LA-SJ	
CSX Corporation	May 25-26	Airfare self: D.C.-Greenbrier-D.C. Meals, lodging & ground transportation (self)	
Urban Mass Transit Administration	May 28-29	Airfare self: D.C.-Orlando-D.C. Meals, ground transportation (self)	
Association of American Railroads	June 14-17	Airfare self: D.C.-SFO-L.A.-D.C. Meals, lodging & ground transportation (self and spouse)	
Democratic Governors Association	June 21-23	Airfare self: D.C.-Aspen-D.C. Meals, lodging & ground transportation (self)	
National Academy of Sciences/ National Academy of Engineering	July 19-21	Airfare self: D.C.-Providence, RI-D.C. Meals, lodging & ground transportation (self)	
Southeastern Association of State Hwy & Transportation Officials	Sept. 15-16	Airfare self: D.C.-Charleston,WVA-D.C. Meals, lodging & ground transportation (self)	
American Movers Conference	Oct. 11-13	Airfare self & spouse: D.C.-Palm Springs-D.C. Meals, lodging & ground transportation (self and spouse)	
The Asia Society	Oct. 26-27	Airfare self: L.A.-D.C. Meals, lodging & ground transportation (self)	
Municipal Bond Investors Assurance Corporation	Nov. 10-11	Airfare self & spouse: D.C.-Naples,FL-D.C. Meals, lodging & ground transportation (self and spouse)	
Salomon Brothers	Nov. 14-15	Airfare self: D.C.-N.Y.C -D.C. Meals, lodging, ground transportation (self)	
Embry-Riddle Aeronautical University	Dec. 13-15	Airfare self & spouse: D.C.-Prescott, AZ-S.J. Meals, lodging & ground transportation (self and spouse)	

Reporting Individual's Name
Norman Yoshio Mineta

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Member	Board of Fellows, Santa Clara University (CA)
Member	Board of Regents, Smithsonian Institutions
Member	National Advisory Board, Cal in the Capital

SEE ADDENDUM ATTACHED

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Norman Y. Mineta	May 15, 1992

GPO: 1991 50-287 (m)

Reporting Individual's Name
Norman Y. Mineta

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Member	CA Advisory Committee for OPEN Society
Member	Honorary Board Member, Variety Studio, Inc. Cassette Program
Member	Advisory Board, Triton Museum of Art
Member	Board of Directors, Jr. Statesman Foundation
Member	Advisory Board, Asian American Journalists Assn.
Member	Advisory Board, Japanese American National Museum
Chairman	Board of Review, Metropolitan Washington Airports Authority
Member	Board of Directors, Tech Center of SIlicon Valley
VP	Americans for Democratic Action
Member	Board of Directors, Center for Policy Alternatives
Member	Board of Regents, Santa Clara University (CA)
Member	Advisory Committee, San Jose (CA) State University Aviation Dept.
Member	Board of Directors, American Leadership Forum, Silicon Valley Chapter
Member	Board of Regents, Archbishop Mitty High School

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . . . 1 11 . 15

8

Patsy T. Mink
(Full Name)

2135 Rayburn House Office Building 202-225-4906
(Mailing Address) Telephone

Washington DC 20515

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State Hawaii District 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	JOHN F. MINK; Spouse Self income earned	Self employed spouse income	NA
	JOHN F. MINK; MINK + YUEN, Partnership	Spoused Professional Service	NA
	George A.L. Yuen + Asso.; Partnership	Spouse consultant services	NA
	Patsy T. Mink's State of Hawaii Retirement System	State/County Retirement Income	$8705.00

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Patsy T. Mink

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	None			

Reporting Individual's Name
Patsy T. Mink

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
S, DC, JT	Examples.	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
JT		Alexander & Baldwin Inc					X						X										X							
JT		State of Hawaii Airport BOND				X									X									X						
JT		Keystone America Income Fund				X									X								X							
JT		Dean Witter Tax Exempt Securities			X										X							X								
S		Bank of Hawaii KEOGH					X						No income							X										
		Bank of Hawaii IRA				X							No income							X										

For additional assets and unearned income, use next page

2734

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Patsy T. Mink

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
S	Honolulu Fed. Savings & Loan KEOGH					X						no income							X										
JT	Bank of Hawaii Checking 007-314799			X										X							X								
JT	Bank of Hawaii Checking 007-348877			X										X							X								
JT	Congressional Credit Union		X											X						X									
S	Equitable Life Assurance Co		X											X						X									
S	Equitable Life Assurance Co		X											X						X									
	Prudential Life Insurance		X									no income							X										
S	Merrill Lynch SEP Retirement			X								no income							X										
S	Dean Witter IRA			X								no income							X										
	Honolulu Fed Sav Bank IRA 2372051		X									no income							X										
JT	Bank of Hawaii Cert. of Dep		X											X							X								
JT	Central Pacific Bank	X												X						X									
	LOAN by Patsy Mink to Patsy T. Mink Campaign Comm					X						no income							X										
S	Mink & Yuen Inc.				X													office equipment, bank accounts	X										
S	George Ashe Yuen & Asso		X															office equipment, bank accounts	X										

Reporting Individual's Name
Patsy T. Mink

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property; stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY. YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000+
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Patsy T. Mink

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Congressional Credit Union	Auto loan		X					

Financial Disclosure A-4

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Reporting Individual's Name
Patsy T. Mink

ART VI—TANGIBLE GIFTS
GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Emory SeKaquaptewa	Hopi bracelet, pendant, earrings made by Emory. Presented as a token of appreciation for Mink giving Keynote address at Convention held in Hawaii	$200.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
University of Hawaii	May 18-19 1991	Round Trip Air travel Chicago to Honolulu, Honolulu to Wash DC for Graduation Speech in Honolulu	
Orthe Pharmaceutical Foundation	Jan 28-29, 1991	Round trip Amtrak Metroliner Wash DC to N.Y.C. to attend 21st Century Women Award Ceremony and overnight accommodations; to speak for awards with Newman.	
National Organization for Women	Feb 2, 1991	Roundtrip U.S. Airlines to Akron, Ohio to speak to Young Feminists Conference	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Patsy T. Mink

ART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
President (unpaid)	The Public Reporter (501(c)(3) tax exempt non-profit corporation)
Vice-President (honorary)	Americans for Democratic Action unpaid position (political organization)
Director (unpaid)	Hawaii Women Lawyers Foundation, non-profit charitable foundation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement
Jan 1987	State of Hawaii Retirement System	Retirement Benefits / Health Benefits

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) — Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) — Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Patsy T. Mink

DATE (Month, Day, Year): May 13, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(1)

RECEIVED
1992 MAY 15 AM 11: 23
CLERK
U.S. HOUSE OF REPRESENTATIVES

John Joseph Moakley
(Full Name)
235 Cannon House Office Building
(Mailing Address)
Washington, D.C. 20515
Telephone 202/225-8273

Filer Status: [X] Member of the U.S. House of Representatives — State ____ District ____ — [ ] Officer or Employee — Employing Office ____

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date ____

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts	State Legis. Pension	6,231
	U.S. Veterans Administration	Disability	960

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
John Joseph Moakley

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
1. - Washington Disc Group, Wash., D.C.	Speech	July 24, 1991	2,000
2. - Jeanne Campbell - Clients dinner, Wash, D.C.	Speech	June 25, 1991	No hono
3. - Campbell-Kyle Pub. Inc. / Distilled Spirits Council Wequanset Inn, Cape Cod MASS.	Speech	July 5-8, 1991	2,000
4. - STA - Washington, D.C.	Speech	Sept. 12, 1991	2,000
5. - RJ Reynolds - North Carolina	Tour Tobaccoville	Sept. 18, 1991	No hono.

Reporting Individual's Name
John Joseph Moakley

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	Block D Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X								X							
	182 Main Street, Dover, Delaware						X						X										X						
JT	1812 Columbia Rd. Boston, MA							X																					
JT	South Boston Savings Bank, Boston, MA			X										X							X								
JT	Long Fed. Credit Union, Wash. D.C.			X										X						X									
JT	Metropolitan Life Ins, Warwick, RI			X										X						X									
JT	John Hancock Mutual, Boston MA			X										X							X								
JT	Bankers Nat'l Life, DeMoines, IOWA			X										X							X								

For additional assets and unearned Income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Joseph Moakley

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S DC JT	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
Boston Company Trust, Boston, MA	JT		X								X							X									
Century Shares Trust, Boston, MA	JT		X								X							X									
Century Shares Trust, Boston, MA	JT		X											X				X									

2743

Reporting Individual's Name
John Joseph Moakley

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

2744

Reporting Individual's Name
John Joseph Moakley

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	South Boston Savings Bank, Boston, MA.	1812 Columbia Rd. Boston, MA					X		

Reporting Individual's Name: John Joseph Moakley

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☒

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
RJ Reynolds - N. Carolina	Sep 18-19, 1991	Roundtrip Air from Wash, D.C. to N. Carolina to Boston, 2 days food & lodging self and Spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John Joseph Moakley

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

2747

Reporting Individual's Name
John Joseph Moakley

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☒

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John J. Moakley	5/13/92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY 14 AM 8 42 (8)

SUSAN MOLINARI
(Full Name)

460 Clawson Street
(Mailing Address) Telephone

Staten Island, New York 10306

INSIDE MAIL

Filer Status	X Member of the U.S. House of Representatives	State New York District 14	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

N.B. Spouse information excluded pursuant to 5 USC Appendix 6, Section 102(e)(2).

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2749

Reporting Individual's Name
Susan Molinari

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
American Medical Association	Speech	February 15, 1991	$1,000.00
Tobacco Institute	Speech	November 19, 1991	$2,000.00

2750

Reporting Individual's Name
Susan Molinari

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Other Income (Specify type)	BLOCK C Income: Category of Amount of Income (X)									Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000 over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock		X									X								X								X
	George Wash. Credit Union Accounts			X										X									X					
	182 Main Street, Dover, Delaware				X								X									X						
	First Nationwide Bank		X											X					X									
	Citibank			X										X						X								
	McEnearney Associates, Inc.		X											X					X									

For additional assets and unearned income, use next page

Reporting Individual's Name: Susan Molinari

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

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Reporting Individual's Name

Susan Molinari

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name
Susan Molinari

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D.C. to Seattle, 3 days food & lodging, self and spouse	
American Medical Association	2/15-16/91	Air travel from Washington to Miami, food, one night lodging	
Schoharie County Republican Party	4/6-7/91	Air travel from Washington to Albany to NYC, food, one night lodging	
Saratoga County Republicans	5/3-4/91	Air travel from Washington to Albany to NYC, food, one night lodging	
Planned Parenthood of Southern Tier	6/3/91	Air travel from Newark to Elmira to Washington	
Ramstad for Congress Committee	9/9/91	Air travel from NYC to Minneapolis to NYC	
National Fed. Republican Women	10/12-13/91	Air travel from Washington to Cincinnati to Washington, food, one night lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name
Susan Molinari

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
WTTG (Television station)	various	Travel reimbursement $284.00 (T.V. show panelist)	
The Congressional Institute	March 14/15, 1991	Travel; Washington to Princeton, NJ; meals, one night lodging	

Reporting Individual's Name
Susan Molinari

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Board Member	March of Dimes
Board Member	Richmond Hospice
Board Member	Adelphi Academy

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Susan Molinari	May 13, 1992

GPO:1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 JUL 1 PM 12 29

Alan B. Mollohan
(Full Name)

701 Ninth Street
(Mailing Address)

Telephone

Fairmont, WV 26554

(8) HAND DELIVERED

MC

(Office Use Only)

Filer Status	X Member of the U.S. House of Representatives	State WV District 1st	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		
			-0-

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Alan B. Mollohan

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X											X						
	CB&T Financial Corp.			X										X							X											
S	Rochester & Pittsburgh Coal				X									X							X											
S	Franklin Federal Tax Free Income Fund				X											X						X										X
S	Merrill Lynch Lifetime Emerging Growth						X							X								X										X
S	M.L. Municipal Bond Fund Class A						X							X								X										X
S	Fairmont Waterworks Bonds					X										X						X										

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For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Alan B. Mollohan

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	S			X										X							X								
West Virginia School Board Authority Bonds	S		X											X						X									
Inter Mountain Power Agency Bonds	S		X											X						X									
West Virginia Water Development Bonds	S		X											X						X									
West Virginia State Hospital Finance Bonds	S		X											X						X									
Nuveen Municipal Adv. Fund	S		X											X						X									x
CMA Money Fund	S	X												X					X										x
City of Fairmont, West Virginia Sewer Rev. Bonds	S			X										X							X								
Kanawha County, West Virginia Building Commission Bonds	S			X										X							X								
Ins. Hospital Revenue Bonds	S			X										X						X									
West Virginia Hospital Finance Authority Bonds	S				X									X								X							
Congressional Federal Credit Union	JT		X											X					X										
Congressional Federal Credit Union			X											X					X										
United National Bank, Glenville, WV	DC		X											X						X									
First National Bank in Fairmont	S		X											X					X										
Paine Webber Money Fund		X												X					X										

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Alan B. Mollohan

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S	Putnam Global Growth Fund E.F. Hutton - Indiv. Retirement Acct.		x								x						x										
	Putnam Global Growth Fund E.F. Hutton - Indiv. Retirement Acct.		x								x						x										
S	1/5 int. coal, oil & gas 6.5 acres, Linn Lick. Center Dist., Gilmer Co. WV	x																									
S	1/5 int. coal, oil & gas 27 acres Linn Lick. Center Dist., Gilmer Co. WV	x																									
S	3.33% int. oil & gas 35 acres Bull Fork DeKalb Dist., Gilmer Co. WV		x													royalty		x									
S	5/32 int. oil & gas 242 acres NS Kanawha, Glenville Dist., Gilmer Co. WV			x												royalty				x							
	American Bar Association * Retirement Plan:			x							x		x														
	* ABA Master Keogh Profit Sharing Plan Growth Equity SA 100		x																								
	Money Market Guarantee			x																							
	Aggressive Equity SA 150		x																								
	Balanced Fund SA 170		x																								

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Reporting Individual's Name

Alan B. Mollohan

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Franklin Federal Tax Free I		X		4-18-91	X						
S	Merrill Lynch Lifetime Emerging Growth		X		4-19-91		X					
S	Merrill Lynch Municipal Bond Fund		X		4-18-91		X					
S	Nuveem Municipal Advantage Fund		X		4-18-91	X						
S	CMA Fund transfer to Paine Webber (less than $1,000)			X	5/91 & 6/91							

Reporting Individual's Name

Alan B. Mollohan

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	United National Bank, Glenville, WV	Personal Loan (Pd. in Full 4/24/92)		X					
	First National Bank in Fairmont	Residential Loan (Secured by Residence and by Investment Collateral)		X					

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Reporting Individual's Name
Alan B. Mollohan

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	*
Martin Marietta Corp. (fact-finding tour)	2/11-13/1991	Roundtrip air travel from Clarksburg, WV to Colorado Springs, CO, 3 days food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Alan B. Mollohan

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [x]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Alan B. Mollohan

DATE (Month, Day, Year): June 1, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 MAY 15 PM 12 08

(11)

RECEIVED

Congressman Gillespie V. Montgomery
(Full Name)

2184 Rayburn Building
(Mailing Address)

Washington, D. C. 20515

Telephone (202) 225-5031

Filer Status	X	Member of the U.S. House of Representatives — State Mississippi District 3rd	☐	Officer or Employee — Employing Office
Report Type	X	Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Mississippi National Guard (not subject to outside earned income limit)	Retirement	$18,504.00

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Gillespie V. Montgomery

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

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Reporting Individual's Name
Congressman
Gillespie V. Montgomery

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
		Wright Patman Congressional Federal Credit Union					X								X									X						
		Trustmark National Bank Jackson, Ms.				X									X							X								
		Meridian, Ms. Home Federal Savings & Loan				X									X								X							
		Home Federal Savings & Loan Stock			X								X										X							
		Eastover Bank Savings, Jackson Ms.			X										X							X								
		Eastover Bank Stock			X									None						X										

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Congressman Gillespie V. Montgomery

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Nuveen Bonds			X									X							X								
Mississippi Housing Finance Corp Bonds			X									X							X								X
Simpson County, Mississppi Bonds			X									X							X								
Lowndes County, Mississippi Bonds			X									X							X								
Mississippi Highway Bonds			X									X							X								
Laurel Mississippi Bonds			X									X							X								
Meridian Ms. F. G. Riley Hospital Bonds				X								X								X							
Meridian Municipal Separate School District Bonds			X									X								X							
Merrill Lynch Investments Jackson, Ms.				X						X		X							X								
Grenada Sunburst Systems, Grenada, Ms.			X							X									X								
Oil Interest & Timberland Clarke County, Ms.(40 acres)				X												Royalty				X							
First Trust Advantage Series Mississippi			X									X							X								
Indianola Income Property L.P. 1 Unit Commercial Rental property Indianola, Ms.				X											Partnership cash distribution					X							
Indianola Income Property II L.P. 1 unit commercial leasing property Indianola, Mc.			X													"			X								
Cattle				X												Sale					X						X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Congressman Gillespie V. Montgomery

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Meridian Duplex, 3904 Country Club Dr., Meridian, Ms.							X					X									X								
Parkside, 10508 Montrose #104 Bethesda, Maryland						X						X												X					
The Court (½ interest) 212 Justice Court, N.W., Wash.,D.C.							X					X												X					
Deposit Guaranty Bank, Jackson, Ms.					X									X							X								
Mississippi General Obligation Port Bonds				X										X							X								
Fund Alabama Inc. stock				X								X									X								X
Sanderson Farms Stock, Laurel Ms				X								X								X									
The Blackstone Target Term Trust Stock, (New York)				X								X									X								
Carlyle Real Estate Limited Partnership XIV, Chicago, Ill.				X										X						X									
Stern Agee & Leach CEF Government Fund, Birmingham, Alabama					X							X										X							
Timberland (38 acres) Neshoba County, Ms.					X								none						X										
Timberland (½ interest-775 acres) Attala County, Ms.							X						X					(use of land-hunting)		X									
Timberland (½ interest-122 acres) Lauderdale County, Ms.						X							none						X										
Timberland (80 acres) Webster County, Ms.						X							none						X										
Timberland (40 acres) Calhoun County, Ms.				X									none						X										

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Congressman Gillespie V. Montgomery

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Irvine Sensors Stock			X										none				X									
Diplomat (1 unit Limited partner-ship residential rental property Hinds Co., Ms.				X									X						X							
Freeport McMoRan Oil & Gas Co. (New Orleans, La.)		X									X								X							X
Bancorp of Mississippi stock			X								X						X									
Mobile National Corp Stock (Alabama			X										none				X									
Torchmark Corp. Stock			X								X						X									
Meridian, Mississippi School General Obligation Bonds			X										X							X						
Big "B" Inc. Stock			X								X								X							
Delta Income Property, L.P. (2 units Leasing warehouse, Indianola, Mississippi				X												Partnership cash distribution					X					X
120 N. Congress, L.P. (1 unit commercial rentals & leasing property, Jackson, Ms.				X												"				X						
Crusade Partners, L.P.(1 unit leasing of hotel, Panama Beach, Fl.				X												"				X						
BB & T Financial Corp. stock			X								X								X							
Citizens National Bank Stock Meridian, Ms.		X									X								X							
Mississippi State Gen. Obligation Bonds			X										X							X						
Lakeshore Partners, L.P.(1 unit Apartment complex, Jackson, Ms.				X									none				X									X

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Congressman Gillespie V. Montgomery

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Bruno's Inc. Stock			X									X								X									X
National Bank of Commerce stock			X									X								X									X

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Reporting Individual's Name
Congressman
Gillespie V. Montgomery

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90		X					
	Mississippi Housing Finance Corp. Bonds		X		11-1-91	X						
	Cattle		X		4 times (2/1/91-11/4/91)	X						
	Fund Alabama, Inc.		X		8-6-91	X						
	Freeport McMoRan Oil & Gas Co., New Orleans, La.		X		10-19-91	(less than $1,000)						
	Delta Income Property, L.P. (1 unit) Indianola, Ms.	X			8-12-91	X						
	Lakeshore Partners, L.P., (1 unit) Jackson, Ms.	X			5-31-91	X						
	Bruno's Inc. Common stock	X			9-17-91	X						
	National Bank of Commerce stock	X			1-4-91	X						

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Reporting Individual's Name
Congressman
Gillespie V. Montgomery

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Indianola Income Property, L.P. P. O. Box 22655, Jackson, Ms.	Limited Partnership business loan	X						
	Delta Income Property, L.P. P. O. Box 22655, Jackson, Ms.	"		X					
	120 N. Congress, L.P. P. O. Box 22655, Jackson, Ms.	"		X					
	Crusade Partners, L.P. P. O. Box 22655, Jackson, Ms.	"		X					
	Lakeshore Partners, L.P. P. O. Box 22655, Jackson, Ms.	"		X					

Reporting Individual's Name
Congressman Gillespie V. Montgomery

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
National Guard Association of the United States		September 1-4,1991	4 days lodging and food in Hawaii for speaking engagement at Conference	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Congressman
Gillespie V. Montgomery

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Trustee	Barry M. Goldwater Scholarship & Excellence in Education Foundation, Washington, D. C.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [ ] NA [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
G.V. Montgomery	May 14, 1992

GPO 1991 50-267 (m)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Jim Moody
(Full Name)

1019 Longworth Bldg.
(Mailing Address)

Washington, DC 20515

Telephone 202-225-3571

Filer Status	[x] Member of the U.S House of Representatives	State Wisconsin District 5	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

(10)

HAND DELIVERED

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Janice Moody (spouse) employed by Ziino, Pluito, & Germanotta Milwaukee, Wisconsin		

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Jim Moody

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	American Assoc. of Life Underwriters	Speech	March 20, 1991	$2000
	Commercial Finance Association	Speech	June 13, 1991	$1000
	(for list of recipient Wisconsin charitable organizations, see confidential disclosure)			

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Reporting Individual's Name
Honorable Jim Moody

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCERPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X						X										X								
		2413-15 N. Fratney, Milwaukee, WI				X							X										X								
		2723 N. Farwell, Milwaukee, WI						X					X												X						
		4240-42 N. 68th, Milwaukee, WI					X						X		X									X							X
		907 G St., S.E., Washington, D.C.						X					X												X						
		3944-46 N. Farwell, Shorewood, WI						X					X												X						
		Rose Hall, Jamaica (Non Income Prop)					X																								

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Honorable Jim Moody

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Chicago Corporation			X									X								X									
Kemper Tax Exempt Money Market Act.					X							X									X								X
Kemper Money Market Act.				X								X									X								
Kemper Enhanced Securities Number 6				X								X									X								
Kemper Financial Companies CD				X								X									X								
U.S. Treasury Stripes				X								X									X								
U.S. Double Pay Trust Number 3				X								X									X								
Blunt Ellis & Loewi-Not Self Directed Individual Retirement Fund					X							X									X								X
Blunt, Ellis & Loewi Money Market					X							X			X						X								
AT&T Stock				X								X									X								
Nicholas Mutual Fund			X									X			X						X								X
Heartland Mutual Fund		X										X									X								X
Mills Place Ltd. Partnership					X									X										X					
Faulk & Company Investment Counseling					X																								
Shearson Lehman Mutual Fund				X								X			X						X								
University National Savings Act.			X											X						X									

Reporting Individual's Name

Honorable Jim Moody

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Kemper Tax Exempt Money Market Accout		X		6-28-91	X						
	Individual Retirement Fund-Blunt Ellis & Loewi-Not Self Directed	X			2-20-91	X						
	4240-42 N. 68th Street Property		X		6-30-91	X						
	3044-46 N. Farwell Avenue Property	X			3-4-91				X			
	Heartland Mutual Fund		X		2-22-91		X					
	Heartland Mutual Fund		X		6-19-91			X				
	Heartland Mutual Fund	X			7-19-91			X				
	Heartland Mutual Fund		X		9-16-91				X			
	Nicholas Mutual Fund		X		6-12-91		X					
	Nicholas Mutual Fund	X			6-21-91		X					
	Nicholas Mutual Fund		X		6-25-91		X					
	Nicholas Mutual Fund	X			8-1-91			X				
	Nicholas Mutual Fund		X		9-16-91			X				

Reporting Individual's Name

Honorable Jim Moody

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Continental Savings & Loan, Milwaukee, WI	Mortgage on 2723 N. Farwell,Mil,WI				X			
	Continental Savings & Loan, Milwaukee, WI	Mortgage on 4240 N. 68th, Mil, WI			X				
	Guaranty Savings & Loan, Milwaukee, WI	Mortgage on 2413-15 N. Fratney		C					
		Milwaukee, WI							
	Maryland National Mortgage Corp, Baltimore, MD	Mortgage on 907 G St., S.E., Wash,D.C.				X			
	Marquette Savings & Loan, Milwaukee, WI	Mortgage on 3944-46 N. Farwell				X			
		Shorewood, WI							

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Reporting Individual's Name: Jim Moody

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
See Attachment "A"				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Jim Moody

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name: Jim Moody

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Board Member	Dumbarton Concerts, Inc.
Board Member	Inter-American Parlimentary Group on Population and Development

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement
	None	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Jim Moody	5/29/92

ATTACHMENT "A"
PART VII--REIMBURSEMENTS
FINANCIAL DISCLOSURE FOR 1991

SOURCE	DESCRIPTION
Intl. Assoc. of Firefighter	Roundtrip airfare and lodging to Miami for meetings with Associations Executive Board Jan. 25-26, 1991
Harvard Model Congress (Harvard University)	Roundtrip airfare for speech in Boston, Mass. Feb. 14, 1991
Congressional Economic Inst.	Roundtrip airfare, lodging and per diem for fact-finding on impact of proposed U.S./ Mexico Free Trade Agreement. Brownsville, Texas and Matamoros and Mexico City, Mexico - April 1-5, 1991
Connell Rice Company	Rountrip airfare, lodging and meals for speech in Westfield, New Jersey - May 24-25, 1991
New York Stock Exchange	Rountrip airfare and lodging for meetings with Exchange Officials - July 12, 1991
Aspen Institute	Rountrip airfare and lodging to participate in conference on security and economic implications of collapse of Soviet Union; Budapest Aug. 24-31, 1991
Public Securities Assoc.	Roundtrip airfare and lodging for speech in New York - Sep. 30, 1991
Pension in the 90's	Conference on U.S. investement and trade opportunities in Commonwealth of Independent States in Moscow - Oct. 5-9, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1:18

(11)

CARLOS J. MOORHEAD
(Full Name)

2346 RAYBURN HOUSE OFFICE BUILDING, WASHINGTON,DC 20515 225-4176
(Mailing Address) Telephone

HAND DELIVERED

Filer Status	X Member of the U S House of Representatives	State CALIFORNIA District 22d	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S. Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CALIFORNIA STATE LEGISLATURE RETIREMENT	PENSION	$2546.00
	DEPARTMENT OF DEFENSE MILITARY	PENSION	$8268.00
3/14-16	THE CONGRESSIONAL INSTITUTE CONFERENCE, SELF AND SPOUSE	MEALS & LODGING	$1076.00
	ESTATE, LYLE WATERMAN, EXECUTOR	FEE	$5848.00

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
CARLOS J. MOORHEAD

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
UNITED STATES TELEPHONE ASSOCIATION GREENBRIER,WHITE SULPHUR SPRINGS, W.VA.	ROUNDTABLE DISCUSSION	APRIL 18-21,1991	X
NATIONAL CABLE TELEVISION ASSOCIATION NEW ORLEANS, LA.	PANEL DISCUSSIONS	MARCH 22-25,1991	$1,500.00
AMUSEMENT AND MUSIC OPERATORS ASSN. WASHINGTON, D.C.	SPEECH	MAY 2, 1991	$2,000.00
NATIONAL GROCERS ASSOCIATION WASHINGTON CONFERENCE	RECEPTION	JUNE 25, 1991	$100
AMERICAN INSTITUTE OF ARCHITECTS WASHINGTON, D.C.	RECEPTION	AUGUST 8, 1991	$250
NATIONAL AGRICULTURAL CHEMICALS ASSOCIATION WASHINGTON,D.C.	ANNUAL MEETING GREENBRIER, W.VA.	SEPT 28-30,1991	X

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Reporting Individual's Name
CARLOS J. MOORHEAD

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	Examples: George Wash. Credit Union Accounts				X									X									X						
	Examples: 182 Main Street, Dover, Delaware					X							X									X							
	INVESTMENT COMPANY OF AMERICA Mutual Fund			X								X									X								
	SALOMON INVESTMENT, FORMERLY LEHMAN MUTUAL FUND			X								X									X								
	KEYSTONE S 3 Mutual Fund			X								X									X								
	SW GAS Common Stock			X								X							X										
	IMPERIAL SAVINGS	X												X					X										
	CRESTAR BANK, McLEAN, VIRGINIA		X											X								X							

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For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
CARLOS J. MOORHEAD

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
FIDELITY FED. SAVINGS & LOAN						X								X										X					
JAMES ANGELOPOULOS NOTE&TRUST DEED,9131 GAINFORD ST.DOWNEY,CA 90240						X								X								X							
WELLS FARGO						X								X									X						
FIRST VIRGINIA BANK, McLEAN				X										X					X										
DEAN WITTER IRA ACCOUNT						X								X					X										
DEAN WITTER KEOGH ACCOUNT					X							X										X							
TOWN HOUSE,43941 Afton Terrace, Ashburn Village, Virginia						X							X											X					
TOWN HOUSE,43943 Afton Terrace, Ashburn Village, Virginia						X							X											X					
Lots 115-115, Borego Springs Unit Frying Pan Rd.,Borego, CA	S			X																									
WAKEFIELD & ASSOCIATES, RealEstate Groups (See attached information																													
Glendale Federal Savings & Loan						X								X										X					
Van Deventer & Hoch, stock						X																							

Reporting Individual's Name

CARLOS J. MOORHEAD

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	$100,000 was put in the hands of Van Deventer & Hoch to	X						X				
	invest in a stock and bond portfolio. The investments											
	made are listed on the attached sheet											
	RE WAKEFIELD & ASSOCIATES INVESTMENT GROUP IV, all		X			X						
	properties listed last year have been sold and all of											
	the assets of Group 4 have been distributed. We received											
	a final check of $2,182.36.											

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Reporting Individual's Name
CARLOS J. MOORHEAD

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
CARLOS J. MOORHEAD

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NATL.CABLE TELEVISION ASSN.	3/22-4/8 1991	Roundtrip Air from Wash.DC to New Orleans, 3 days food and lodging; returned April 8 after continuing travel at own expense,spouse	
UNITED STATES TELEPHONE ASSN.	4/18-21,1991	auto travel; 3 nights lodging and food , with spouse	
NATL.AGRICULTURAL CHEMICALS ASSN.	9/28-30,1991	auto travel; 2 nights lodging and food , with spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
CARLOS J. MOORHEAD

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Carlos J. Moorhead	May [illegible]

WAKEFIELD & ASSOCIATES GROUP XI — 14 MEMBERS — DECEMBER 31, 1991

		ASSETS	LIABILITIES
CASH IN BANK			
Checking	$ B		
Savings		B	
ACCOUNTS RECEIVABLE		B	
NOTES RECEIVABLE		B	
BOYLES PROPERTY - 55 acres, Pend Oreille County			
Cost - $17,553.00 Timber is cut - Estimated market value of land		C	
HADDAD/VAN MATRE PROPERTY - 20 acres, Heutmaker Property - Sold			
Note & Trust Deed Receivable - Whitt - $150.00 monthly inc. 9% interest		B	
ASSETS		C	
LIABILITIES			-0-
NET WORTH			C

1/14 of Net Worth: $ B

WILSON INVESTMENT GROUP XXXV 15 Members December 31, 1991

	ASSETS	LIABILITIES
CASH IN BANK Checking Account	$ B	
Savings (Money Market Account)	C	
PETTY CASH Apartments - E. 17018 Sprague	A	
NOTES RECEIVABLE	B	
PROPERTIES OWNED		
N 12-16-18 UNIVERSITY - Commercial Property	F	
Estimated Market Value		
Cost - $347,614.90 Scheduled monthly income - $4,250.00		
Contract Payable - Cady - $700.00 monthly including 8% interest		$ B
Mortgage Payable - Barnyak - $2,150.00 monthly including 11% interest		D
W 235-239 MAIN - Commercial Property		
Estimated Market Value	E	
Cost - $128,641.72		
Mortgage Payable - Caputo - $1,000.00 monthly including 10% interest		D
E 17018 SPRAGUE - 9 Unit Apartment		
Estimated Market Value	E	
Cost - $111,157.44 Scheduled monthly income - $2,435.00		
Contract Payable - Wright - Paid in Full		
Mortgage Payable - Barnyak - Paid in Full		
Mortgage Payable - Temple - $450.00 monthly including 10% interest		B
BLANCHARD CREEK ROAD ACREAGE - 70 acres purchased - 35 acres sold		
Estimated Market Value - 35 acres remaining	C	
Cost - $28,166.68		
Contract Receivable - Statton - $400.00 monthly including 10% interest	C	
MISCELLANEOUS FURNITURE - Acquired with rentals	A	
ACCRUED TAXES PAYABLE - Industrial Insurance & Unemployment Taxes - Sprague		A
ASSETS	$ G	
LIABILITIES		$ E
NET WORTH		G
TOTAL LIABILITIES AND NET WORTH		$ G

NOTE: Values of the various properties are estimated market values without adjustment for depreciation taken in this and prior years.

7.220 % of Net Worth - $ C
Moorhead

VAN DEVENTER & HOCH

VH

Portfolio Holdings

Security Description	% of Portfolio	Purchase Date	Quantity	Cost Per Share	Cost Basis	Market Price Per Share	Market Value	Unrealized Gain/Loss	Annual Income	Annual Yield Cost	Annual Yield Market
Common Stock											
Aluminum Co of America	3.38	12/12/91	50	57.93	2896	70.50	3525	629	80	2.8	2.3
American Express Co	2.19	09/13/91	100	26.10	2610	22.88	2288	323-	100	3.8	4.4
Atlantic Richfield Co	1.89	09/13/91	20	118.00	2360	98.63	1973	388-	110	4.7	5.6
Birmingham Steel Corp	2.44	09/13/91	100	15.05	1505	25.50	2550	1045	50	3.3	2.0
Borden Inc	2.48	09/11/91	80	33.60	2688	32.38	2590	98-	91	3.4	3.5
Burlington Resources	2.48	09/13/91	70	40.46	2833	37.00	2590	243	49	1.7	1.9
Caterpillar Inc	2.87	09/13/91	60	46.33	2780	50.00	3000	220	36	1.3	1.2
Great Western Financial	3.40	12/12/91	200	15.20	3040	17.75	3550	510	176	5.8	5.0
Loral Corporation	3.09	03/11/92	100	33.93	3393	32.25	3225	168-	96	2.8	3.0
Raytheon Co	2.57	10/04/91	30	76.89	2307	89.38	2681	375	78	3.4	2.9
Snap-On Tools Corporation	3.59	11/19/91	100	30.42	3042	37.50	3750	708	108	3.5	2.9
Group Totals	30.38				29453		31721	2268	974	3.3	3.1
Convertible Preferred Stock											
James River Dep Cv Exch Pfd Series L	2.93	11/19/91	75	41.04	3078	40.75	3056	22-	263	8.5	8.6
Group Totals	2.93				3078		3056	22-	263	8.5	8.6
U.S. Government Bonds											
U.S. Treasury Note 6.125% 09-30-1993	4.85	09/30/91	5000	100.68	5034	101.28	5064	30	306	6.1	6.0
U.S. Treasury Note 5.50% 02-15-1995	4.71	02/27/92	5000	99.59	4979	98.41	4920	59-	275	5.5	5.6
U.S. Treasury Note 7.00% 09-30-1996	4.81	09/30/91	5000	100.79	5040	100.41	5020	19-	350	6.9	7.0
U.S. Treasury Note 6.50% 11-30-1996	4.72	12/09/91	5000	101.59	5079	98.50	4925	154-	325	6.4	6.6
Group Totals	19.09				20132		19930	203-	1256	6.2	6.3

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(1)

92 [illegible] 45 PM 3:09

HAND DELIVERED

JAMES P. MORAN, JR.
(Full Name)

205 West Uhler Terrace, Alexandria, Virginia 22301 — (Mailing Address)

703-683-1020 — Telephone

Filer Status	X Member of the U.S. House of Representatives	State Virginia District 8th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	City of Alexandria, Virginia (Salary prior to taking office)	Salary	$769
	A.G. Edwards & Sons, Inc.	Spouse salary	

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

James P. Moran, Jr.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Brookings Institute, Washington, D.C.	Speech	April 8, 1991	$400
Washington Caucus, Washington, D.C.	Speech	June 18, 1991	$500
Federal National Mortgage Association, Washington, D.C.	Speech	May 10, 1991	$1000

Reporting Individual's Name

James P. Moran, Jr.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)													Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X										X
		George Wash. Credit Union Accounts				X									X									X								
		182 Main Street, Dover, Delaware					X							X									X									
	IBM Corporation stock												X								X											X
	McDonald's Corpopation stock				X								X								X											
	Daily Cash Accumulation Fund shares				X								X									X										

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For additional assets and unearned income, use next page

Reporting Individual's Name: James P. Moran, Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	IBM Corporation stock		X		3-22-91	x						

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Reporting Individual's Name
James P. Moran, Jr.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Wright Patman FCU, Washington, D.C.	Line of Credit	X						

Reporting Individual's Name
James P. Moran, Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Voters for Choice		6-20-91	Roundtrip Air Travel, ground transportation Wash-NYC-Wash	
Virginia League of Savings Institutions		6-21-23-91	Washington to White Sulpher Springs, W.Va. One way train fare, 3 days food and lodging, self, spouse	
Donaldson Lee		6-23-91	White Sulpher Springs, W.Va. to Washington One way air transportation, self, spouse	x
Navy Federal Credit Union		10-24/26-91	Washington-Hot Springs, Va-Washington Roundtrip air fare, 2 nights food and lodging, self, spouse,	
Los Angeles Host Committee, Caucus for the Arts			Washington-Los Angeles-Washington 2 children Roundtrip air fare, 5 nights food and lodging self (spouse food and lodging only, no air fare)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
James P. Moran, Jr.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
James P. Moran	May 14, 1992

HAND DELIVERED

CIVIL SERVICE
VICE CHAIRMAN

HUMAN RESOURCES

ECONOMIC STABILIZATION

FINANCIAL INSTITUTIONS SUPERVISION
REGULATION AND INSURANCE

INTERNATIONAL DEVELOPMENT FINANCE
TRADE AND MONETARY POLICY

Congress of the United States
House of Representatives
Washington, DC 20515-4608

JAMES P. MORAN
8TH DISTRICT OF VIRGINIA

WASHINGTON OFFICE
1523 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4608
(202) 225-4376

(1)

May 27, 1992

TO: Donald Anderson, Clerk of the House

FROM: James P. Moran JPM

MC

SUBJECT: Financial Disclosure Statement for 1991

After a thorough review of my disclosure statement, I noticed that I failed to indicate that the final days of the trip to Los Angeles were paid for at my own expense. (December 6, 7, 1991)

I, therefore, wish to amend my disclosure form to show four nights in Los Angeles were sponsored by the Los Angeles Host Committee.

I regret any inconvenience this may cause.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

Constance A. Morella
(Full Name)

1024 Longworth Building
(Mailing Address)

202-225-5341
Telephone

Washington, D.C. 20515

INSIDE MAIL

Filer Status	✓ Member of the U.S. House of Representatives	State Maryland District 8	Officer or Employee	Employing Office
Report Type	✓ Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	The American University, Washington, D.C.	Spouse Salary	NA
	Hewes, Morella, Gelband & Lamberton, P.C., Washington, D.C.	Spouse Salary	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Constance A. Morella

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	American Psychiatric Association, Wash., D.C.	Appearance	Nov. 8, 1991	$ 333-
	Brookings Institution, Wash., D.C.	Speech	Dec. 9, 1991	$ 400-

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Reporting Individual's Name
Constance A. Morella

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X								X
			George Wash. Credit Union Accounts				X								X									X						
			182 Main Street, Dover, Delaware					X						X									X							
JT	COMSAT - common stock				X								X								X									
JT	Occidental Petrol. - common stock			X									X								X									
	Giant Food, Inc. - Common stock				X								X							X										
	Schwab Money Funds					X									X						X									
JT	Van Kampen Merit Tax Exempt, Inc.				X										X							X								
	MD Nat'l Bank: IRA					X									X				NA											

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Constance A. Morella

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)								
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S	MD National Bank : IRA				X									X				NA											
	MD State Deferred Comp.				X									X				NA											
	Wright Patman Credit Union				X									X									X						
JT	Standard Federal S & L				X									X							X								
JT	Citizens Bank of MD			X										X								X							
JT	Bank of Baltimore, MD			X										X							X								
S	TIAA-CREF Pension Plan								X					X				NA											
JT	U.S. Savings Bonds			X										X				NA											
S	Consumers United Deferred Annuities			X										X				NA											
	Consumers United Deferred Annuities			X										X				NA											
JT	607 Twinbrook Pkwy., Rockville, MD					X							X							X									
JT	200 Park Terrace Dr., Stoneham, MA (condo apt.)				X								X						X										
JT	4014 Dogwood Rd, Port Republic, MD						X											NA	X										
S	Stock: Hewes, Morella, Gelband & Lamberton, P.C., Washington, D.C.				X							X							X										

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Reporting Individual's Name
Constance A. Morella

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	4014 Dogwood Rd., Port Republic, MD	X			3-29-91				X			
	100 shares common stock - Giant Food, Inc.	X			12.2.91	X						

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Reporting Individual's Name
Constance A. Morella

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☑

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
Constance A. Morella

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ✓

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Congressional Institute (participant, Issues Conference), Princeton, N.J.	Mar. 14-16, 1991	RT Train travel from Wash. D.C. to Princeton, N.J., 2 days food & lodging (self and spouse)	
Aspen Institute Conference on South Africa (participant), Capetown, South Africa	Mar 31- April 6, 1991	6 days food & lodging (self and spouse)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

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PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Constance A. Morella

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
New York Congressional Tour	May 16-18 1991	Round trip train transportation from Wash, D.C. to N.Y.C., meals and entertainment (self and spouse)	
GLOBE International General Assembly (member, participant-environmental Conference), Tokyo, Japan	June 28-July 3, 1991	RT coach air fare Wash., D.C. to Tokyo, Japan, food and lodging	
Aspen Institute Conference on U.S.-Soviet and East Europe relations (member, participant) Budapest	Aug 23-Aug 31, 1991	RT air coach, D.C. to Budapest, Hungary, food and lodging (self & spouse)	
Center for American Women in Politics Forum (plenary session speaker), San Diego, CA	Nov. 15-Nov 17, 1991	RT air coach Wash, D.C. to San Diego, CA, food & lodging.	

Reporting Individual's Name
Constance A. Morella

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Trustee	Capitol College, Laurel, MD

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE ☑

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Constance A. Morella

DATE (Month, Day, Year): May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(11)

HAND DELIVERED

SID MORRISON
(Full Name)

1434 Longworth, Washington, D.C. 20515 (202) 225-5816
(Mailing Address) Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State Washington District 4	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Gibbons Pharmacy, Toppenish, Wa.	Spouse hourly wages	$8,539
	Citizens For Morrison, Yakima, Wa.	" " "	$265

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
SID MORRISON

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	N/A			

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Reporting Individual's Name
SID MORRISON

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year If so, provide details in Section IV on page A-3 For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left (This is optional) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																					Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X									X
		George Wash. Credit Union Accounts				X									X									X							
		182 Main Street, Dover, Delaware					X							X									X								
JT	Farm Credit Services (loan prepayment account)				X										X							X									Monthly payments on real estate loan
JT	Pacificorp (stock)				X								X									X									
JT	Liquid Reserves (money market account)				X										X								X								Periodic deposits and int. fed reserve
JT	Wildtrap Properties (housing limited partnership)					X																	X								Closed out 7/20
JT	Growth Fund of America (mutual fund) and World Funds					X							X										X								New account 7/22
JT	Desert Aire Assoc. (limited partnership)				X								X								X										

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: SID MORRISON

Continuation Sheet (if needed) #1

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $1,000,000	
Capital Guardian Trust (IRA)	JT				X							X			X		All reinvested				X							Added #2250 in April 91
Aldus Corporation (Stock)	JT			X															X									
Pfizer, Inc (Stock)	JT			X								X								X								
Congressional Federal Credit Union (Savings)	JT			X											X						X							Added #2473 on 9/16
Washington State Public Employees Retirement System					X												Vested, but inactive											

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: SID MORRISON

Continuation Sheet (if needed) #2

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
	FARM PROPERTIES LISTED BELOW ARE UNMORTGAGED TO COVER LIABILITIES REPORTED IN SECTION II. THEY HAVE LITTLE, IF ANY, NET VALUE. THE VALUE SHOWN IS "TRUE AND FAIR" VALUE AS DETERMINED BY THE COUNTY ASSESSOR.																												
	YAKIMA COUNTY PARCEL# ACREAGE																												
JT	201103-13001 38.2					X							X																
JT	201110-31405 8.6				X								X																
JT	201110-31410 9.77				X								X																
JT	201103-23001 owned undivided 2/3 + 38% of 1/3 31.27					X							X																
JT	201110-24001 50% of undivided 1/3 40.				X								X																
JT	201110-13001 Undivided 1/3 20.			X									X																
JT	201110-21001 Undivided 1/3 + 46% of 1/3 30.					X							X																
JT	201110-22004 Undivided 1/2 8.02			X									X																
	'91 Total Income, All above →																				X								

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: SID MORRISON

Continuation Sheet (if needed) # 3

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
FARM PROPERTIES LISTED BELOW ARE OWNED BY THE SID MORRISON FAMILY LIMITED PARTNERSHIP. THEY ARE MORTGAGED (SEE SECTION 5) AND HAVE LITTLE, IF ANY, NET VALUE. SID & MARCELLA MORRISON OWN 9% AS GENERAL PARTNERS AND 69.64% AS LIMITED PARTNERS.																											
YAKIMA COUNTY PARCEL # / ACREAGE																											
201110-42001-9 / 79.9	JT						X						X														
201110-13003 / 10.	JT				X								X														
201110-13002 / 10.	JT				X								X														
201110-23004-6 / 28.65	JT					X							X														
201110-31413-9 / 15.56	JT				X								X														
'91 TOTAL INCOME, ALL ABOVE																					X						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: SID MORRISON

Continuation Sheet (if needed) # 4

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
JT	OPEN LAND, JEFFERSON COUNTY, OREGON S½ NW¼ SEC 32 T10S R12EWM (80 Acres)			X																X									
JT	OPEN LAND, ICLAND COUNTY, WASHINGTON N½ SW¼ N¼ S 34 T29 N R3 BWM. (1/4 of 20 Acres)				X															X									

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Reporting Individual's Name
SID MORRISON

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 –
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Winthrop Properties Limited partnership			X	7/20/91		X					
JT	Growth Fund of America World Funds			X	7/22/91		X					
JT	Capital Guardian Trust IRA	X			4/15/91	X						
JT	Congressional Federal Credit Union Savings - (now over $5000) Deposit				9/16/91	X						

2821

Reporting Individual's Name
SID MORRISON

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
JT	Seattle First National Bank, Yakima, Washington	Farm operating loan (Thomson Fruit)							X
JT	Farm Credit Services, Yakima, Washington	" " " " "						X	

2822

Reporting Individual's Name: SID MORRISON

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information see Instructions, page 19

NONE ☒

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE ☒

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

2823

Reporting Individual's Name
SID MORRISON

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature

NONE ☒

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
1967-1979	Washington State Public Employees Retirement System	I am vested, on inactive status

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app. 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sid Morrison

DATE (Month, Day, Year): May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 12 11 '92

(8)

Robert J. Mrazek
(Full Name)

306 Cannon Building
(Mailing Address)

202-225-5956
Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 3	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. Navy Disability Pension		$4,356.00

2825

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

MRAZEK, Robert J.

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	Connell Co., Westfield, N.J. (Honoraria donated to United Methodist Church of Huntington, N.Y.)	Speech	6/7/91	$2,000

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Reporting Individual's Name

MRAZEK, Robert J.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X								X								
			131 Centershore Road Centerport, NY (Value $375k+)							X																					
			Monhegan Island, Maine (Vacation Home) (Value 325k+)							X					X										X						
			301 Constitution Ave., NW Washington, DC (Value 850k+)								X																				
			Mortgage Holder on 449 Jericho Tpke, Huntington, NY ($350,000							X						X									X						
			promissory note due 6/91)																												
			Proceeds of partial satisfaction of mortgage on 449 Jericho Tpke ~~($200,000 12/13/91)~~														X													X	

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: MRAZEK, Robert J.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)													Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000				
Mortgage Holder on 449 Jericho Tpke, Huntington, NY ($166,877) due 12/93 @ 10% interest.						X							X				X													
25% of equity interest in Douglas & Chamberlain Corp., whose assets consisted of contributions from the shareholders. The sole purpose of the corporation was to purchase one piece of real property, Pierre Island, Bahamas.					X																									
25% of equity interest in Douglas & Chamberlain Corp., was transferred to John Bryant for no financial compensation (6/91).	X																X													
134 acres of improved land in Rockingham County, Va. Small farm house, barn and several out buildings. (Value 250k+)						X																								

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Reporting Individual's Name

MRAZEK, Robert J.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000-
	Example: ABC Corporation Common Stock	x			10-12-90			X				
	Satisfaction of mortgage at 449 Jericho Tpke for $200,000 (as indicated in Section II and III), as well as a new mortgage for $166,877 (as listed in Section II and III).		x		12-13-91				x			
	25% of equity interest in Douglas & Chamberlain Corp., was transferred to John Bryant for no financial compensation (6/91).			X			None					

Reporting Individual's Name

MRAZEK, Robert J.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	A Keene Bowie, M.D., Upper Marlboro, Md.	Mortgage on 301 Constitution Ave., NE, Washington, DC				x			
	Wright Patman Cong'l Federal Credit Union Washington, D.C.	Personal Loan	x						
	Wright Patman Cong'l Federal Credit Union Washington, D.C.	Home Equity Loan				X			
	Chemical Bank, New York, N.Y.	Personal Loan	x						
	Citibank, N.A., New York, N.Y.				x				
	Jack Rosenthal, New York, N.Y.	Promissory Note @ 10% Int. (In 1992, secured a 2nd mortgage on 131 Centershore Rd., Centerport, NY residence)			x				
	Peoples Heritage Bank, Lewiston, Maine	Mortgage on Monhegan Island, Me., vacation property			x				
	John & Evelyn Beling, Arlington, Va.	Mortgage on Rockingham Co. Va. property (Paid off 11/1/91)				x			
	Martin & Sally Rosenblum, Valley Stream, NY	Second mortgage on Rockingham Co., Virginia property			x				
	Chevy Chase Federal Savings Bank, Md.	Personal Loan	x						

Reporting Individual's Name: MRAZEK, Robert J.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government * and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago; and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

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Reporting Individual's Name: MRAZEK, Robert J.

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
President	Douglas & Chamberlain, Ltd. - See Transactions - Relinquished position 6/91.

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [x] No [ ] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [x] No [ ] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Robert J. Mrazek	5/15/92

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

AUSTIN J. MURPHY
(Full Name)

699 Maple DR — 412 258-9553
(Mailing Address) — Telephone

Monongahela Penna 15063

(H) INSIDE MAIL

Filer Status	[X] Member of the U.S. House of Representatives	State Penna District 22	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Mon Valley Hospital Rte 88 Monongahela, Penna	spouse wages	NA.

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Austin J. Murphy

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							BLOCK C Income: Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X										X					
			182 Main Street, Dover, Delaware					X							X									X							
JT	Community Bank Carmichaels Pa					X										X							X								
JT	Mon Valley Credit Union, Penna				X											X						X									
JT	Allegheny Power Corp Stock					X								X										X							
JT	American Electric Power Stock					X								X										X							
JT	Bell Atlantic					X								X									X								
JT	Bell South					X								X									X								

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Austin J. Murphy

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)								Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Southwest Bell stock			X								X									X								
JT	NYNEX - Stock			X								X									X								
JT	Pacific Telesis - Stock			X								X									X								
JT	U.S West - Stock			X								X									X								
JT	Commonwealth Edison Stock			X								X									[redacted]	X							
JT	Philadelphia Electric			X								X									X								
JT	Residence at 631 Speers Ave Speers PA				X									X	X								X						Sale Agreement
JT	Pa State Bonds				X									X								X							
JT	Philadelphia School Bonds			X										X							X								
JT	Lancaster Pa. Bond			X										X							X								
JT	Insured Municipal Trust			X										X							X								
JT	Sun Bank my mother's account Ft. Myers Fla			X										X							X								
S	1st Federal S&L Menin Pa				X																								IRA
	Prudential IRA			X																									IRA
JT	Commonwealth of Penna Congressional Credit Union				X									X								X			X				Pension with IRA

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Reporting Individual's Name
AUSTIN J. MURPHY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 –
Example	ABC Corporation Common Stock	X			10-12-90			X				
JT	Penna State Gen Authority Bond		X		7-12-91	X						

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Reporting Individual's Name: Austin J Murphy

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an official purpose, such as a fact finding event or a speaking engagement, indicate by checking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government, and reimbursements paid from campaign funds; travel provided to a spouse [illegible] For further information, see Instructions, pages 20–22.

NONE [ ]

– 1441 –

Source	Dates(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 8-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Glen Woodard Jacksonville Fla	June	Roundtrip travel 3 days food & lodging self	
John Pratt JR Wash. Pa	Jan 20	Ride from Ft Pierce Fla to Washington Pa self	
Disneyworld	Feb 9-11	Passes to Exhibits wife & children	
National Restaurant Assn	Mar 14-15	Roundtrip Monterey Calif food & lodging self & spouse	
National Electronics Assn	Mar 26-8	Roundtrip Ft Myers Fla food & lodging self	

*Required to be reported under the [illegible] 1942

Reporting Individual's Name
Austin J Murphy

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
National Retailers Ass'n	Apr 25-28	Round trip food & lodging Hilton Head, Ga.	
Jefferson Foundation	Aug 9-18	Round trip food & lodging Johannesburg S.A.	
Michael Sloan	Sept 18-23	Food & lodging Las Vegas Nev.	
Far East Studies Institute	Dec 5-16	Round trip food & lodging self & staff (1)	
Black Lung Ass'n	Nov 8-9	Round trip food & lodging Pikeville Tenn.	

Financial Disclosure A-5(a)

Reporting Individual's Name

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [X] No [ ] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Austin J. Murphy	June 2, 1992

GPO : 1991 50-267 (m)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : 1

JOHN P. MURTHA, JR.
(Full Name)

109 COLGATE AVENUE
(Mailing Address) (Telephone)

JOHNSTOWN, PA. 15905

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State PA District 12TH	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment		Termination Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE X

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
JOHN P. MURTHA, JR.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	N O N E			

Reporting Individual's Name

JOHN P. MURTHA, JR.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX Over $100,000	Transaction (X)
S, DC, JT	Examples	S ABC Corporation Stock		X									X								X							X
		George Wash. Credit Union Accounts			X										X								X					
		182 Main Street, Dover, Delaware				X								X										X				
JT		CENWEST NATIONAL BANK		X											X						X							
		CENWEST NATIONAL BANK		X											X				N/A									
JT		CHARLES SCHWAB		X									X							X								
		WESBANCO, INC.		X									X								X							
S		CONGRESSIONAL F.C.U.			X										X							X						

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
JOHN P. MURTHA, JR.

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	CENWEST NATIONAL BANK			X									X								X							
S	ESTATE OF LINA T. BELL			X									X								X							
S	J. R. FINDEISEN (PARENTS ESTATE)			X									X								X							

Reporting Individual's Name
JOHN P. MURTHA, JR.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

JOHN P. MURTHA, JR.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$500,000	F $500,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name

JOHN P. MURTHA, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4 limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NORTHEASTERN UNIVERSITY		SEPT 9, 1991	ROUNDTRIP AIR FROM WASHINGTON, D.C. TO BOSTON, MASS. & RETURN, DINNER	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name
JOHN P. MURTHA, JR.

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
JOHN P. MURTHA, JR.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer (other than the U.S. Government), or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [ ] N/A [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] N/A [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
X	MAY 11, 1992

GPO : 1991 — 282-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

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(9)

HAND DELIVERED

John Thomas Myers
(Full Name)

2372 Rayburn HOB
(Mailing Address)

202-225-5805
Telephone

Washington, D.C. 20515

Filer Status	X Member of the U.S. House of Representatives	State IN District 7	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE X

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
John Thomas Myers

PARTS II and III -- ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year-End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
JT	American States Ins				X								X							X										
JT	Bank of Western Indiana Stock								X				X												X					
S	Covington Service Corp				X								X							X										
S	The Fountain Trust Co					X							X										X							
JT	GTE (Pref)				X								X							X										
JT	IBM				X								X							X										

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John Thomas Myers

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	4 CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
ICM	JT			X								X							X									
Indiana Energy Inc	JT				X							X									X							
Southern Indiana Gas & Elec	JT					X						X											X					
TRW Inc	JT				X							X									X							
Wal Mart Stores	JT			X								X									X							
Wm Wrigley Co	JT			X								X									X							
Bank of Western Indiana CD's	JT						X							X										X				
Fountain County Indiana Farm								X										Grain						X				
Oil Royalties-Illinois Well Atterbery Warren #1	S			X														Royalties	X									
Bank of Western Indiana IRA's	S				X									X							X							
American Mutual Ins				X										X							X							
Carruthers, Estate of (Spouse) Eisner Agency - Contract Sale					X									X	X						X							

Reporting Individual's Name: John Thomas Myers

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Indiana Energy Inc - Common Stock	X			Dividend Re Invest	X						
JT	Southern Indiana Gas & Elec	X			Dividend Re Invest	X						
JT	Wm Wrigley Co	X			Dividend Re Invest*	X						

*Re Invest - 4 times a year/various dates

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Reporting Individual's Name

John Thomas Myers

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

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Reporting Individual's Name
John Thomas Myers

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Ocean Spray Cranberries, Inc	3/29-4/1	4 days seminars & speech, lodging and food, self and spouse, Indianapolis, IN	
Nat'l Rural Elec Coop Assn	2/2 -2/5	Round trip air from Wash, DC to New Orleans, LA, 3 days lodging and food, self and spouse, award & speech	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

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Reporting Individual's Name
John Thomas Myers

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL John Thomas Myers

DATE (Month, Day, Year) May 15, 1992

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

8

DAVID R. NAGLE
(Full Name)

214 Cannon H.O.B.
(Mailing Address)

(202) 225-3301
Telephone

Washington DC 20515

Filer Status	X Member of the U.S. House of Representatives	State IA District 3	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	David R. Nagle, P.C. (dissolved, 1990)	Final disposition of fees earned prior to 1987 from law practice	$3,209.60

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
DAVID R. NAGLE

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	RJR NABISCO	Speech	6/5/91	$2,000.00
	TOBACCO INSTITUTE	Speech	8/9/91	$2,000.00
	DISTILLED SPIRITS COUNCIL	Speech	11/25/91	$1,000.00

Reporting Individual's Name

DAVID R. NAGLE

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X							X									X							X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X									X						
	DPS Associates					X														X									
	Waterloo Savings Bank (f/n/a Statesman Bank)			X											X						X								
	Norwest Banks (f/n/a Peoples Bank & Trust Co.)					X									X							X							
	Wright-Patman Credit Union			X											X						X								
	RPR					X							X									X							
	Income Fund of America					X							X									X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
DAVID R. NAGLE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Real Estate, Chickasaw Co.IA			X															X										
	Pensions, profit sharing plans					X																							

Reporting Individual's Name

DAVID R. NAGLE

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

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Reporting Individual's Name
DA/ID R. NAGLE

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
DAVID R. NAGLE

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago; and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The International Center		12/15-20/92	Round trip airfare Wash.DC to Moscow,room and board	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

29862

Reporting Individual's Name
DAVID R. NAGLE

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 8, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 8, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Dave Nagle	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

DAVID R. NAGLE
(Full Name)

214 Cannon H.O.B.
(Mailing Address)

(202)225-3301
Telephone

Washington DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State IA District 3	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

HAND DELIVERED!

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	David R. Nagle, P.C. (dissolved, 1990)	Final disposition of fees earned prior to 1987	$3,209.60

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
DAVID R. NAGLE

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	RJR NABISCO	Speech	6/5/91	$2,000.00
	TOBACCO INSTITUTE	Speech	8/9/91	$2,000.00
	DISTILLED SPIRITS COUNCIL	Speech	11/25/91	$2,000.00

Reporting Individual's Name
DAVID R. NAGLE

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during this year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X									X								X
			George Wash. Credit Union Accounts			X									X									X						
			182 Main Street, Dover, Delaware				X							X								X								
	DPS Associates				X															X										
	Waterloo Savings Bank (f/n/a Statesman Bank)		X												X						X									
	Norwest Banks (f/n/a Peoples Bank & Trust Co.)				X										X							X								
	Wright-Patman Credit Union		X												X						X									
	RPR				X								X									X								X
	Income Fund of America				X								X									X								X

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
DAVID R. NAGLE

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
Real Estate, Chickasaw Co., IA			X															X									
IRA, Norwest Banks Iowa					X													X									X
invested in US Treasury Notes, Russell Frank Invt. Co.,Diversified Bd., CDs, vs. banks, Midwest Energy Co. stock, Shearson T-Fund, Federated Stock Trust																											

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Reporting Individual's Name
DAVID R. NAGLE

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	RPR	X			1/91	X						
	Income Fund of America	X			1/91	X						
	IRA, Norwest Banks of Iowa, rollover from David R. Nagle, P.C. Profit Sharing Plan, Peoples Bank & Trust Co.			X	1/91			X				

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Reporting Individual's Name

DAVID R. NAGLE

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name
DAVID R. NAGLE

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
The International Center		12/15-20/92	Roundtrip air fare Washington DC to Moscow, Russia, room and board	
GTE		8/27-29/92	Round trip air fare, Westfield, Indiana, from Waterloo, Iowa; food and lodging; self and spouse.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
DAVID R. NAGLE

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
David R Nagle	June 2, 1992

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

9

1 :Y-4 P 8 01

WILLIAM H. NATCHER
(Full Name)

2333 Rayburn House Office Building (202) 225-3501
(Mailing Address) Telephone

Washington, D.C. 20515

Filer Status	[XX] Member of the U.S. House of Representatives	State Kentucky District Second	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC INSIDE MAIL
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
William H. Natcher

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	None			

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Reporting Individual's Name
William H. Natcher

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
	ALL PROPERTIES LISTED ARE IN BOWLING GREEN, KENTUCKY																															
	Auto Sales Lot - 28-10-04 28-10-4 - 28-10-6						X								X								X									
	Mobile Home Property 28-10-03					X									X									X								
	½ Int. prop. 28-10-2 (728 1st St.)					X																										
	½ Int. prop. 28-10-4 718 1st Street					X																										
	½ Int. prop. 28-05-01 U.S. 31-W By-Pass						X																									

For additional assets and unearned income, use next page

2874

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
William H. Natcher

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
½ int. prop. 28-10-06 719 1st Street				X																							
Prop. 28-10-03 - 310 U.S. 31-W By-Pass				X																							
Prop. 39-01-01A - 310 U.S. 31-W By-Pass				X																							
Prop. 28-10-13 - 310 U.S. 31-W By-Pass				X																							
½ int. prop. U.S. 31-W By-Pass Drive-In Theatre					X																						
½ int. Prop. 28-05-002 - U.S. 31-W By-Pass					X																						
½ int. prop. Farm 90-60 Natcher Lane				X																							
American National Bank & Trust Bowling Green, KY - Sav. Acc't.				X										X						X							
South Central Bank, Bowling Green - Sav. Acc't.				X										X					X								
Congressional Fed. Credit Union Wash., D.C. - Ch'g. Acct.					X									X					X								

Reporting Individual's Name

William H. Natcher

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Page 1 of 1

Financial Disclosure A-3

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Reporting Individual's Name

William H. Natcher

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Financial Disclosure A-4

2877

Reporting Individual's Name
William H. Natcher

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [X]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: William H. Natcher

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
None			

Reporting Individual's Name: William H. Natcher

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [X] No [ ] NA [ ]

NOTE: My wife, Virginia R. Natcher died testate on 1/6/91. No part of her Estate will be accepted by me. All of the estate will be given to the non-dependent children and grandchildren.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William H. Natcher	May 1, 1992

GPO 1991 50-287 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9) 92 14 13 1 56

RICHARD E. NEAL
(Full Name)

437 CANNON H.O.B. (202) 225-5601
(Mailing Address) Telephone

WASHINGTON, D.C. 20515

HAND DELIVERED

Filer Status	[X] Member of the U S House of Representatives	State MASS District 2ND	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
NEAL, RICHARD

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
METROPOLITAN LIFE INS. CO.		SPEECH	MAR. 12, 1991	$1,000
CAMPBELL-RAUPE INC.		SPEECH	JUL. 6, 1991	$2,000

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Reporting Individual's Name
NEAL, RICHARD

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S DC JT	Examples	S	ABC Corporation Stock			X								X								X										X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X									X								
SHEARSON - LEHMAN (MID-SOUTH R.R. DIVIDEND)						X								X								X										
TRAVELERS I.R.A.						X										X						X										X
HOUSE OF REPS. SAVINGS PLAN							X													X												
SPRINGFIELD INSTITUTION FOR SAVINGS							X									X						X										
SPRINGFIELD MUNICIPAL RETIREMENT SYSTEM							X													X												

For additional assets and unearned income, use next page

2883

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: NEAL, RICHARD

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)									
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	Transaction (X)

2884

Reporting Individual's Name
NEAL, RICHARD

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	TRAVELERS I.R.A. – CASHED, PAID PENALTY			X		X						

2885

Reporting Individual's Name
NEAL, RICHARD

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	BAYBANK	HOME IMPROVEMENT LOAN 36 ATWATER TER, SPRINGFIELD		X					
	LUDLOW SAVINGS	HOME IMPROVEMENT LOAN 36 ATWATER TER., SPRINGFIELD	X						

2886

Reporting Individual's Name
NEAL, RICHARD

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
DISTILLED SPIRITS COUNCIL	JULY 5-7 1991	3 DAYS FOOD + LODGING, SELF AND SPOUSE	
U.S. TELEPHONE ASSN.	APRIL 18-21, 1991	4 DAYS FOOD + LODGING, PLUS TRAVEL FOR SELF + FAMILY	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

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PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (If needed)

Reporting Individual's Name: NEAL, RICHARD

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name
NEAL, RICHARD

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] N/A [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] N/A [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Richard D. Neal	5 14 92

2889

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : 15 . 13 . 4

(10)

Stephen Lybrook Neal
(Full Name)

1001 Wellington Road
(Mailing Address)

Winston-Salem, North Carolina 27106

Telephone
202-225-2071

HAND DELIVERED

Filer Status	XX Member of the U S House of Representatives	State NC District 5th	Officer or Employee	Employing Office:
Report Type	XX Annual (May 15)	Amendment	Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Washington Life	Spouse Salary	NA

2890

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Stephen Lybrook Neal

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
American Tobacco Company, Reidsville, NC	Speech	Oct. 16, 1990	$2,000
	Note:	Speech made in 1990, but organization did not receive money until Feb. 1991	
Institute of Internatonal Bankers, Wash., D.C.	Speech	Feb. 25, 1991	$2,000
Note: Speech honorariums were paid directly to the Winston-Salem Foundation. They were not paid to me.			

Reporting Individual's Name
Stephen Lybrook Neal

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details: see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.				Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X							
	Smith Barney Mutual Funds							X						X											X						
	Media General					X								X									X								
	MMM					X								X									X								
	North Carolina Bonds							X								X										X					
	Quaker Oats						X							X									X								
	Wachovia Money Market Account			X												X								X							

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Stephen Lybrook Neal

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	Vanguard Index Trust				X							X									X								
	Harold Drilling			X								X									X								
	Alliance MMF				X									X									X						
	4187 Patterson Ave., Winston-Salem, NC					X							X											X					
	IRA		X																										
S	Vanguard Index Trust		X									X									X								
S	IRA		X																										
S	Bristol Myers		X									X									X								
S	Coca Cola		X									X									X								
S	Corning		X									X									X								
S	Walt Disney		X									X									X								
S	Dunn & Bradstreet		X									X									X								
S	Hechinger		X									X									X								
S	Merck		X									X									X								

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Stephen Lybrook Neal

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	N.Y. Times			X								X									X								
S	Procter & Gamble			X								X									X								
S	Rubber Maid			X								X									X								
S	Waste Management			X								X									X								
S	Alliance Money Market Fund				X									X									X						

(Note: To avoid the possibility of even the appearance of any conflict of interest I've invested the money I earned before being elected to Congress almost entirely in either broad based mutual funds or North Carolina Bonds. The one exception was Quaker Oats which I thought would be a good investment because they are the major supplier of oats and it was discovered oats help lower cholesterol. (The MMM was a gift from my mother). I have spent almost no time on personal investments or personal business of any kind.

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Reporting Individual's Name
Stephen Lybrook Neal

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 +
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Stephen Lybrook Neal

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	First Federal Savings & Loan	Mortgage on 4187 Patterson Ave., Winston-Salem, NC.				X			
	Household Services Corp.	Mortgage on 7913 Lewinsville Rd., McLean, VA.			X				

2896

Reporting Individual's Name
Stephen Lybrook Neal

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Goldman Sachs	ticket to Broadway play	$175

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
U.S. German Marshall Fund and Scandinavian Seminar College		Aug. 12-14, 1991	Roundtrip Air Travel from Wash., D.C. to Stockholm, Sweeden, 3 days food & lodging. To attend seminar with other legislators and discuss economic & political changes in Eastern Europe.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

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Reporting Individual's Name: Stephen Lybrook Neal

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Trustee	Z. Smith Reynolds Foundation

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [XX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [XX] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [XX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Stephen L. Neal	5-14-92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

9

Dick Nichols
(Full Name)

1605 Longworth
(Mailing Address)

Washington, D.C. 20515

Telephone
(202) 225-3911

HAND DELIVERED

Filer Status	X	Member of the U.S. House of Representatives	State Kansas District 5	Officer or Employee — Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination — Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Home State Bank & Trust, McPherson, KS	Deferred Compensation	$29,208
	Koch Industries, Inc., Wichita, KS	Oil Production	3,635
	College Retirement Equities Fund	Spouse Annuity	N/A
	Teachers Insurance and Annuity Association	Spouse Annuity	N/A
	Associated Financial Services, Inc.	Override agreement from sale of stock	3,916

2900

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Dick Nichols

PART IB – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	National Grocers Assn, Reston, VA	Reception	Jun 25, 1991	$ 40
	Brookings Institution, Washington, DC	Speech	Jun 10, 1991	400
	Financial Women International, Wichita, KS	Speech	Mar 25, 1991	100
	American Trucking Assn, Washington, DC	Speech	Mar 21, 1991	1200
	Human Life Foundation		Jan 23, 1991	20

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Reporting Individual's Name

Dick Nichols

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
	Notes receivable from Dick Nichols for Congress						X							X										X				X
	Associated Financial Services, Inc.-Common stock (sold during 1991)	X														X								X				X
JT	Working Interest-Oil Well, Marion Co. KS				X													Oil Production					X					
	Home State Bancshares, Inc.																											
	(Common stock) (A bank holding company which owns 100% of Home																											
	State Bank and Trust Co., McPherson, KS)									X		X							X									

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Dick Nichols

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation.	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Home State Bank & Trust Accounts		X											X					X									
	Home State Bank & Trust Co.- Profit Sharing Plan						X										*See below							X				

*Profit sharing - Interest, Dividends, and Capital Gains

2903

Reporting Individual's Name

Dick Nichols

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Purchase	Sale	Exchange	DATE (MO. DAY. YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 - $5,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Associated Financial Services, Inc. (Common Stock)		X		7-15-91		X					
	Notes Receivable from Dick Nichols for Congress (campaign committee)		X		*See below				X			
	Notes Receivable from Dick Nichols for Congress (campaign committee)	X			*See below		X					

*On various dates during 1991 the Dick Nichols for Congress campaign committee made payments to Dick Nichols on various loans and obtained additional loans from Dick Nichols. The payments are shown as sales and the new loans are shown as purchases.

Reporting Individual's Name

Dick Nichols

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Home State Bank & Trust Co., McPherson, KS	Personal Loan		X					
	Merchants National Bank, Topeka, KS	Personal Loan				X			

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Reporting Individual's Name: Dick Nichols

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Kennedy Center for the Per-	2 tickets to "Phantom of the Opera"	$110
forming Arts, Washington, DC		

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Henry Luce Foundation; Ford Foundation; Commonwealth Fund;	Jan 4-8 1991 *	Roundtrip rail travel from Wash, DC to Williamsburg	X
Kaiser Permanente; American Council of Life Insurance;	"	4 days food & lodging, self and spouse	
Blue Cross and Blue Shield Assn	"		

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

* Left 3:30 on Jan 4; left Williamsburg 10:30 on Jan 8

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PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Dick Nichols

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Sears, Roebuck & Co; Kraft General Foods; HJ Heinz;	Mar 1-3, 1991	Roundtrip bus travel from Washington, DC to	X
Pfizer Inc; Chemical Manufacturers Assn; RJR Nabisco;	"	Greenbriar, WV; 3 days food & lodging, self	
Greyhound Dial Corp; NYNEX; Kellogg Co; C&P Telephone;	"		
Sweetener Users Assn; Boeing Co.; Assoc Builders &	"		
Contractors; Allied Signal; Smith Kline Beechman; COMSAT:	"		
Kirkpatrick & Lockhart; Motorola; Nestle USA;	"		
Electronic Industries Assoc; Occidental Chemical Corp;	"		
Nonprescription Drug Manufacturers Assoc; Grocery Manufac-	"		
turers of America; CSX Corp; Intl Ice Cream Assn; Interstate	"		
Natural Gas Assn	"		
Congressional Institute	Mar 14-15 1991	Roundtrip rail from Washington, DC to Princeton, NJ,	X
		2 days food and lodging, self and spouse	
Philip Morris, National Restaurant Assn, E Systems	Nov 2-3	Freshman Class Retreat: food & housing for 2 days;	X
Bell South, ConAgra	"	self & spouse	

Reporting Individual's Name
Dick Nichols

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Director	Home State Bank & Trust Co., McPherson, KS
Director/President	Home State Bancshares, Inc., McPherson, KS
Advisory Council Director	Campwood YMCA, Elmdale, KS Associated Financial Services, Inc., McPherson, KS (Terminated 1991)

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
7-31-89	Home State Bank & Trust Co. and Richard D. Nichols	Deferred compensation agreement for past services, $30,000 per year for 13 years beginning in 1991.

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Dick Nichols	5-13-92

GPO 1991 50-267 (m)

2908

DICK NICHOLS
5TH DISTRICT KANSAS

COMMITTEES

PUBLIC WORKS AND TRANSPORTATION

VETERANS AFFAIRS

RURAL HEALTH CARE COALITION

SELECT COMMITTEE ON AGING

TASK FORCE ON FINANCIAL INDUSTRY REFORM

Congress of the United States
House of Representatives

WASHINGTON OFFICE
1605 LONGWORTH H.O.B.
WASHINGTON, DC 20515-1605
202 225-3911

DISTRICT OFFICES
805 N. MAIN
McPHERSON, KS 67460
316-241-5283

P.O. Box 510 120 N. MAIN
EL DORADO, KS 67042
316-321-0313

P.O. Box 1923 423 COMMERCIAL
EMPORIA, KS 66801
316-342-9406

P.O. Box 683 110 E. MYRTLE
INDEPENDENCE, KS 67301
316 331 7051

INSIDE MAIL

May 28, 1992

1

MC

Committee on Standards of Official Conduct
Honorable Louis Stokes
Suite HT-2, U.S. Capitol
Washington D.C. 20515-6328

Dear Chairman Stokes:

I wish to amend the Financial Disclosure I submitted for Calendar Year 1991. In reference to Part VII - "Reimbursements" and Gifts of Transportation, Lodging, Meals, Entertainment, the four trips identified were mistakenly marked as "Gifts". These were instead conferences/events which I had substantially participated in and for which I received reimbursement, therefore should not have been marked as gifts.

Thank you for your attention to this matter.

Sincerely,

Dick Nichols

Dick Nichols
Member of Congress

DN:cj

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . 17 AM 8:45

(10)

Eleanor Holmes Norton
(Full Name)

10 Ninth Street, S.E.
(Mailing Address)

Washington, D.C. 20003 — Telephone (202) 225-8050

Filer Status	X	Member of the U.S. House of Representatives — State D.C. District	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination — Termination Date

HAND DELIVERED
mc
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Pitney Bowes	Retirement Fee	$12,000
	Metropolitan Life (These items not subject to limit on outside earned income)	Deferred Compensation	$ 6,250
		Life Insurance Payment	$ 414
	New School for Social Research (These items are payment for speeches given in 1990, before Congresswoman Norton became a member of Congress.)	Speaker Fee	$ 2,000
	Howard University	Speaker Fee	$ 1,000

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Eleanor Holmes Norton

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoraria. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	National Mail Handlers Union	Speech	July 6, 1991	$1,000

Reporting Individual's Name

Eleanor Holmes Norton

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X									X						
	The Adams National Bank		X												X							X							
	Wright Putman Congressional Federal Credit Union				X										X							X							
	Intergen Investors, Ltd.					X									X							X							
												Partnership Ordinary Income											X						
	Oakter Associates, L.P.						X								X								X						
	Rittenhouse Square Associates					X														X									

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Eleanor Holmes Norton

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Star Partners II, Ltd.			X															X									
RTC Cash Account		X																									
High Equity Partners Series 85			X								Income yet to be derived																
Resources Accrued Mortage Inv Series 86			X																								
American Cable TV Investors IV			X																								
High Equity Partners Series 86			X																								
Technology Funding Venture Partners IV			X																								
RTC Cash Account			X																								
Synthetic Industries, L.P.				X																							
Angeles Income Properties, Ltd.			X																								
American Cable TV Investors III				X							Income yet to be derived																
High Equity Partners Series 85			X																								
Resources Accrued Mortage Inv Series 86			X																								
Westmed I L.P.			X																								
Rotor Tool, L.P.				X																							

Resources Trust IRA

Resources Trust Qualified Plan

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Eleanor Holmes Norton

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
RESOURCES TRUST QUALIFIED PLAN, continued																														
		Star Partners II, Ltd			X																									
		Technology Funding Venture Partners IV				X																								
		MC Bottlers, L.P.				X																								
		AIM Weingarten Fund				X													Income yet to be derived											
		American Insured Mtg Invs, L.P. Series 85			X																									
		Equus Investments II, L.P. Depositary Unit			X																									
		Pasadena Growth Fund				X																								
		RPS Realty Trust			X																									
	DC	American Cable TV Investors IV		X																										

Reporting Individual's Name

Eleanor Holmes Norton

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Eleanor Holmes Norton

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Eleanor Holmes Norton

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
George Washington University	Chair	$200
Rockefeller Foundation	Crystal Bowl	$100
Manpower Demonstration Project	Tiffany Clock	$100

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Tom Skinner Associates	Aug. 9-11, 1991	Roundtrip air travel from Washington, D.C. to Sarasota	
		FL for Leadership Seminar and Retreat, 3 days food	
		and lodging.	
Tom Skinner Associates	Dec. 5-8, 1991	Roundtrip air travel from Washington, D.C. to Sarasota	
		Fl for Leadership Seminar and Retreat, 4 days food and lodging.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

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Reporting Individual's Name: Eleanor Holmes Norton

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
See Exhibit A	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1990	Georgetown University	Extended leave of absence from
		position as Professor of Law
		from January 1991-1993

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 8, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Eleanor H. Norton	

GPO : 1991 : 50-287 (m)

2018

Eleanor Holmes Norton
Financial Disclosure Statement for Calendar Year 1991
Exhibit A
Part VIII, Positions

Position	Name of Organization
Professor of Law*	Georgetown University
Member of the Board	A. Phillip Randolph Institute
Member of the Board	Catalyst
Member of the Board	Center for Budget and Policy Priorities
Member	Citizens Commission on Civil Rights
Member of the Board	Citizens for Presidential Primary Reform
Member	Council on Foreign Relations
Member of the Board	Economic Policy Institute
Member of the Board	Equity Institute
Trustee	Martin Luther King, Jr. Center for Social Change
Member of the Board**	Metropolitan Life
Member, Executive Committee	National Lawyer's Council
Member	Public Agenda Foundation, Policy Review Board
Member of the Board	Roy Wilkins Foundation
Member of the Board	Southern Christian Leadership Conference
Member, Board of Visitors	University of Maryland Law School
Chair	Women's Law and Policy Fellowship
Member of the Board	Work in America Institute
Chair	Workplace Health Fund

* on extended leave of absence January 1991-1993
**Resigned effective January 2, 1991

ELEANOR HOLMES NORTON
DISTRICT OF COLUMBIA

WASHINGTON OFFICE
1631 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515-5101
(202) 225-8050
(202) 225-3002 (FAX)
(202) 225-7829 (TDD)

CONSTITUENT SERVICE OFFICES
815 15TH STREET, NORTHWEST, SUITE 100
WASHINGTON, D.C. 20005-2201
(202) 783-5065
(202) 783-5211 (FAX)

2216 MARTIN LUTHER KING, JR. AVENUE, SOUTHEAST
WASHINGTON, D.C. 20020-5734
(202) 678-8900
(202) 678-8844 (FAX)

Congress of the United States
House of Representatives
Washington, DC 20515

92 JUN -8 PM 2 28

HAND DELIVERED

COMMITTEE ON
PUBLIC WORKS AND TRANSPORTATION
SUBCOMMITTEES
SURFACE TRANSPORTATION
PUBLIC BUILDINGS AND GROUNDS

COMMITTEE ON
POST OFFICE AND CIVIL SERVICE
SUBCOMMITTEES
CIVIL SERVICE
POSTAL OPERATIONS AND SERVICES

COMMITTEE ON
THE DISTRICT OF COLUMBIA
SUBCOMMITTEES
FISCAL AFFAIRS AND HEALTH
JUDICIARY AND EDUCATION

DEMOCRATIC STUDY GROUP
EXECUTIVE COMMITTEE

June 5, 1992

The Honorable Louis Stokes
The Honorable James V. Hansen
U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2
U.S. Capitol
Washington, D.C. 20515-6328

Dear Colleagues:

Enclosed please find an original and two copies of my amended Financial Disclosure Statement for calendar year 1991 filed in response to questions raised in your letter of May 22, 1992. The changes explained in this letter have been made on the enclosed original Amended Financial Disclosure Statement and I have initialed them.

In Part III, "Unearned" Income, an "X" has been placed in the box marked "None" in the Category of Amount of Income section (see Block C) for American Cable TV Investors IV. Since there was no income from this asset, no change was made in the Type of Income (see Block C) section.

In Part II, Assets, an "X" has been placed in the Transaction box (see Block D) for both AIM Weingarten Fund and Pasadena Growth Fund. In Part IV, Transactions, the "X" in the box marked "None" has been deleted. The following transactions have been added: sale of AIM Constellation Fund on May 29, 1991--transaction amount $15,000-$50,000; purchase of AIM Weingarten Fund on May 29, 1991--transaction amount $15,000-$50,000; purchase of Pasadena Growth Fund on May 7, 1991--transaction amount $15,000-$50,000.

Please note that due to a typographical error, Technology Funding Venture Partners IV was listed on my 1990 Financial Disclosure Statement as Technology Funding Venture Partners II (see Part II, Assets). It is this error which creates the impression that in 1991, Technology Funding Venture Partners II was sold and Technology Funding Venture Partners IV was purchased. In reality, however, I held Technology Funding

Venture Partners IV for both 1990 and 1991 and did not own Technology Funding Venture Partners II during either year. Therefore, there was no transaction involving either Technology Funding Venture Partners II or Technology Funding Venture Partners in 1991.

Finally, the original Statement filed with the Clerk's office on May 15, 1992 was not dated (see Part X). However, I signed the Statement on May 15, 1992. Accordingly, the date "May 15, 1992" has been added to the box in Part X marked "Date."

Please call me if you have any further questions or comments.

Sincerely,

Eleanor H. Norton

Eleanor H. Norton

Enclosure

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

HAND DELIVERED

(Office Use Only)

Eleanor Holmes Norton
(Full Name)

10 Ninth Street, S.E.
(Mailing Address)

Washington, D.C. 20003

Telephone (202) 225-8050

Filer Status	[X] Member of the U.S. House of Representatives	State D.C. District	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

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NONE [ ]

Source	Type	Amount
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	Life Insurance Payment	$ 414
New School for Social Research (These items are payment for speeches given in 1990, before Congresswoman Norton became a member of Congress.)	Speaker Fee	$ 2,000
Howard University	Speaker Fee	$ 1,000

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Eleanor Holmes Norton

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

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	XYZ Magazine	Article	Aug. 13, 1991	$500
	National Mail Handlers Union	Speech	July 6, 1991	$1,000

Reporting Individual's Name

Eleanor Holmes Norton

PARTS II and III—ASSETS AND "UNEARNED" INCOME

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In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year-end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year-End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X								X								
			182 Main Street, Dover, Delaware					X							X									X								
	The Adams National Bank			X												X							X									
	Wright Putman Congressional Federal Credit Union					X										X							X									
J	Intergen Investors, Ltd.						X									X							X									
	Partnership Ordinary Income																						X									
J	Cohen Associates, L.P.							X								X							X									
J	Rittenhouse Square Associates						X													X												

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Eleanor Holmes Norton

BLOCK A: Asset and/or Income Source. You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional

BLOCK B: Valuation of Asset — Year End Value (X)

BLOCK C: Income — Type of Income (X); Category of Amount of Income (X)

BLOCK D

S / DC / JT	Asset and/or Income Source	None	A Less than $1 001	B $1 001 - $15 000	C $15 001 - $50 000	D $50 001 - $100 000	E $100 001 - $250 000	F $250 001 - $500 000	G $500 001 - $1 000 000	H over $1 000 000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1 000	III $1 001 - $2 500	IV $2 501 - $5 000	V $5 001 - $15 000	VI $15 001 - $50 000	VII $50 001 - $100 000	VIII $100 001 - $1 000 000	IX over $1 000 000	Transaction (X)
✓	Star Partners II, Ltd.			x															x										
✓	RTC Cash Account		x																										
✓	High Equity Partners Series 85			x														Income yet to be derived											
✓	Resources Accrued Mortage Inv Series 86			x																									
✓	American Cable TV Investors IV			x																									
✓	High Equity Partners Series 86			x																									
✓	Technology Funding Venture Partners IV			x																									
✓	RTC Cash Account			x																									
✓	Synthetic Industries, L.P.				x																								
✓	Angeles Income Properties, Ltd.			x																									
✓	American Cable TV Investors III				x													Income yet to be derived											
✓	High Equity Partners Series 85			x																									
✓	Resources Accrued Mortage Inv Series 86			x																									
✓	Westmed I L.P.			x																									
✓	Motor Tool, L.P.				x																								

Resources Trust IRA

Resources Trust [illegible]

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Eleanor Holmes Norton

SOC JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
J	Star Partners II, Ltd			X																								
	Technology Funding Venture Partners IV				X																							
	MC Bottlers, L.P.				X																							
	AIM Weingarten Fund				X						Income yet to be derived															EHN	X	
	American Insured Mtg Invs, L.P. Series 85			X																								
	Equus Investments II, L.P. Depositary Unit			X																								
	Pasadena Growth Fund				X																					EHN	X	
	RPS Realty Trust			X																								
DC	American Cable TV Investors IV		X															X								EHN		

Resources not jointly held (cont'd)

Reporting Individual's Name

Eleanor Holmes Norton

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or depend[illegible] real property, stocks, bonds, commodities futures, and other securities when [illegible] ,000 Include transactions that resulted in a loss. Do not report a transaction [illegible] se or your dependent child or the purchase or sale of your personal residenc[illegible] tion, see Instructions, page 17 ☐

S, DC, JT	Identification of [illegible]	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000-$1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				
	AIM Constellation Fund		X				X					
	AIM Weingarten Fund	X					X					
	Pasadena Growth Fund	X					X					

Reporting Individual's Name: Eleanor Holmes Norton

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1M - $5,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Financial Disclosure A-4

Reporting Individual's Name: Eleanor Holmes Norton

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
George Washington University	Chair	$200
Rockefeller Foundation	Crystal Bowl	$100
Manpower Demonstration Project	Tiffany Clock	$100

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Tom Skinner Associates	Aug. 9-11, 1991	Roundtrip air travel from Washington, D.C. to Sarasota	
		FL for Leadership Seminar and Retreat, 3 days food	
		and lodging.	
Tom Skinner Associates	Dec. 5-8, 1991	Roundtrip air travel from Washington, D.C. to Sarasota	
		Fl for Leadership Seminar and Retreat, 4 days food	
		and lodging.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name: Eleanor Holmes Norton

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
See Exhibit A	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1990	Georgetown University	Extended leave of absence from
		position as Professor of Law
		from January 1991-1993

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eleanor H. Norton

DATE (Month, Day, Year): May 15, 1992 EHN

Eleanor Holmes Norton
Financial Disclosure Statement for Calendar Year 1991
Exhibit A
Part VIII, Positions

Position	Name of Organization
Professor of Law*	Georgetown University
Member of the Board	A. Phillip Randolph Institute
Member of the Board	Catalyst
Member of the Board	Center for Budget and Policy Priorities
Member	Citizens Commission on Civil Rights
Member of the Board	Citizens for Presidential Primary Reform
Member	Council on Foreign Relations
Member of the Board	Economic Policy Institute
Member of the Board	Equity Institute
Trustee	Martin Luther King, Jr. Center for Social Change
Member of the Board**	Metropolitan Life
Member, Executive Committee	National Lawyer's Council
Member	Public Agenda Foundation, Policy Review Board
Member of the Board	Roy Wilkins Foundation
Member of the Board	Southern Christian Leadership Conference
Member, Board of Visitors	University of Maryland Law School
Chair	Women's Law and Policy Fellowship
Member of the Board	Work in America Institute
Chair	Workplace Health Fund

* on extended leave of absence January 1991-1993
**Resigned effective January 2, 1991

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ' 12 PM 1:59 (11)

Henry J. Nowak
(Full Name)

2240 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

(202) 225-3306
Telephone

HAND DELIVERED

Filer Status	XX	Member of the U S House of Representatives	State New York District 31rd	☐ Officer or Employee — Employing Office
Report Type	XX	Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Rose Nowak (Spouse), Hunt Real Estate Agent	Commissions	NA
	N.Y.State & Local Employees' Retirement System	Pension	$10,465.92

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Henry J. Nowak

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
				NONE

Reporting Individual's Name

Henry J. Nowak

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples: S	ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X									X						
	Atlantic Federal Savings & Loan				X										X						X								
JT	M & T Bank				X										X							X							
	Riggs National Bank				X										X							X							
	Merrill Lynch CMA Money Fund					X									X									X					
	N.Y. State Muni.-MIT Series 89				X										X								X						

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Henry J. Nowak

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
N.Y. State Energy Res. PV Bonds					X									X									X						
N.Y. Muni. Bond Fund Class B				X										X								X							
Merrill Lynch Intl. Hold Cl B			X									X								X									
Merrill Lynch Cap. Fund Cl B			X									X									X								
Merrill Lynch Pac. Fund Cl B			X									X								X									
Merrill Lynch Sci-Tech Hold Cl B			X									X									X								
C&S Sovran Corp. Common Stock			X									X								X									
Cummings Eng. Co. Inc. c/s			X									X								X									
Fleet Norstar Fin. Corp. c/s			X									X								X									
Lakeland Ind. Inc. c/s		X																	X										
Mark IV Ind. Inc. c/s			X									X								X									
McCaw Cellu. Comms.-A c/s			X																X										
Nova Corp. of Alberta c/s			X									X								X									
Sensormatic Electrns. c/s			X									X								X									
Smith Corona Corp. c/s			X									X								X									

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Henry J. Nowak

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Heinz, H.J. Co. c/s				X								X								X									X
Boeing Corp. c/s				X								X								X									X
Dow Chemical c/s				X								X									X								X
Duke Power c/s				X								X									X								X
FPL Group c/s				X								X									X								X
Heinz, H.J. Co. c/s				X								X								X									X
Waste Mangt. c/s				X								X								X									X
Key Corp. Cum. Pref. Bonds					X									X									X						X
Allergan Inc. c/s				X								X								X									
Continental Bank Corp. c/s		X										X								X									
Nationwide Health Prop. c/s				X								X									X								
HMO America Inc. c/s				X															X										X
Health Care Services Group c/s				X								X								X									X
Merrill Lynch Lee Acq. Fund c/s				X															X										
M.L. Corp. Bond Hi Inc. Fund				X										X									X						

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Henry J. Nowak

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Tigr. Series 14			X																X									
M.L. Corp. Bond Fund			X											X						X								
M.L. Ret. Res. Fund			X											X						X								
Atlantic Coast Storage Assoc. (partnership)					X										X					X								
Sharon Wells Program No. 5			X												X					X								
5-Unit Bldg.,Laud Lakes, Fla.						X							X						(net)			X		X	(gross)			
Mortgage Held on Sale of 4-Unit							X							X									X					
Bldg., Ft. Laud., Fla.																												
Mortgage-Land Trust, St. Lucie			X											X						X								
City, Fla.																												
2312 Cypress Bend, Pompano, Fla.					X								X					(net)	X		X		(gross)					
Linden Ave., Duplex, Buffalo,NY						X							X					(net)		X			X	(gross)				
2-Unit, Const. Ave. NE, Wash. DC							X						X						(net)			X	X	(gross)				
Pt.Abino Rd.,Ft. Erie (Frame House)						X							X					(net)		X		X		(gross)				

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Henry J. Nowak

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)										Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
	JT, S, DC	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Fieldcrest Cannon c/s				X								X									X									X
Laidlaw Inc. c/s				X								X									X									X
Pac. Growth Fund (Mutual Fund)				X											X							X								X
Southby c/s				X								X									X									X
Select Fut. Fund (Mutual Fund)				X											X						X									X

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Reporting Individual's Name: Henry J. Nowak

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets		Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock		x			10-12-90			x				
	Heinz H.J. Co.	common stock	x			4/11/91	x						
	Boeing Corp.	c/s	x			5/22/91	x						
	Dow Chemical	c/s	x			5/22/91	x						
	Duke Power	c/s	x			5/22/91	x						
	FPL Group	c/s	x			5/22/91	x						
	Heinz H.J. Co.	c/s	x			5/22/91	x						
	Waste Mang.	c/s	x			5/22/91	x						
	Key Corp. Cumulative Preferred	Bonds	x			11/21/91		x					
	HMO America	c/s	x			11/18/91	x						
	Health Care Serv. Group	c/s	x			11/18/91	x						
	Fieldcrest Cannon	c/s	x			8/7/91	x						
	Laidlaw Inc.	c/s	x			8/7/91	x						
	Southby Inc.	c/s	x			9/1/91	x						
	Pac. Growth Fund	mutual fund	x			12/16/91	x						
	Select Fut. Fund	mutual fund	x			7/23/91	x						

Reporting Individual's Name

Henry J. Nowak

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability **ALL MORTGAGES	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Atlantic Fed. S&L, Fla. (5-Unit Rental)	3030 NW Terr., Lauderdale Lakes		X					
	Coral Gables S&L, Fla.	2312 Cypress Bend, Pompano Beach	X						
	Chase Home Mtg. Corp., New Jersey	1217 Const. Av. NE, Wash. DC			X				
	Jack Needleman, Wash. DC, 2nd Trust	1217 Const. Av. NE, Wash. DC	X						
	Chase Lincoln First, New York	Linden Ave. Duplex, Buffalo			X				
	Southern Fed. Savings, Fla.	3861-3881 3rd Ave.		X					
	(4-Unit Rental)	Ft. Lauderdale, Fla.							

2940

Reporting Individual's Name: Henry J. Nowak

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [XXXX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Pine Crest Preparatory School	2/11-19	Air travel round trip from Buffalo/Baltimore to	
(Lecture)	1991	Ft. Lauderdale, 3 nights food-lodging, self and spouse. Extra days at own expense.	
Northeast-Midwest Institute	5/3-5	Air travel round trip from Buffalo to Quebec, 2 nights	
	1991	food-lodging, self and spouse. (Congressional-Parlia-	
		mentary Dialogue on Great Lakes)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name: Henry J. Nowak

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Trustee	Daemen College, Snyder, New York
Chairman	National Water Alliance, Washington, D.C.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XXXXX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [XXX] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [XXX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Henry J. Nowak	5 6 '92

GPO: 1991: 50-287 (m)

(6)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 : 14 1. 2 30

HAND DELIVERED

James Allen Nussle
(Full Name)

400 East Delaware
(Mailing Address)

Telephone

Manchester, Iowa 52057 319/927-5628 202/225-2911

Filer Status	[X] Member of the U.S. House of Representatives	State Iowa District 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	St. Luke's Hospital	Spouse's Salary	NA
	Kirkwood Community College	Spouse's Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
James Allen Nussle

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Other Income (Specify type)	BLOCK C Income: Category of Amount of Income (X)									Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX over $1,000,000	
S, DC, JT	Examples. S ABC Corporation Stock			X								X									X							X
	Examples. George Wash. Credit Union Accounts				X									X									X					
	Examples. 182 Main Street, Dover, Delaware					X							X									X						
	Farmers & Merchants Bank - Checking		X											X						X								
S	Farmers & Merchants Bank - Checking		X											X						X								
	Kemper Financial Group Money Market			X										X						X								
	U.S. Savings Bonds (self/2 children)			X										X					X									

For additional assets and unearned income, use next page

2944

Reporting Individual's Name

James Allen Nussle

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example:	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

James Allen Nussle

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Farmers & Merchants Bank, Manchester, Iowa	Loan - personal	X						
	Farmers & Merchants Bank, Manchester, Iowa	Loan - personal	X						

2946

Reporting Individual's Name: James Allen Nussle

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
The Congressional Institute, Inc. Issues Planning Meeting		Mar.14-16, 1991	Roundtrip train from Wash., D.C. to Princeton, N.J., 2 days food and lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: James Allen Nussle

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 13, 1992

2949

ED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 [illegible] 7

DELIVERED

(Office Use Only)

MARY ROSE OAKAR
(Full Name)

1892 West 30th Street
(Mailing Address)

Cleveland, Ohio 44113

Telephone (202) 225-5871

Filer Status	X	Member of the U.S. House of Representatives — State: Ohio District: 20th	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination — Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE X

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

MARY ROSE OAKAR

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Beth Israel-The West Temple, Cleveland, Ohio	Speech	2/15/91	$ 200
Fannie Mae	Speech	3/4/91	$ 2,000
St. Alexis Women's Center	Speech	4/2/91	$ 200
Cuyahoga Community College	Speech	6/15/91	$ 1,000
American Chiropractic Assn.	Speech	9/24/91	$ 1,500
Fannie Mae	Speech	10/8/91	$ 2,000
Health Industry Dist. Assn.	Speech	10/23/91	$ 1,000
Dayton Girl Scouts	Speech	12/13/91	$ 100

Reporting Individual's Name
MARY ROSE OAKAR

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X										X				
	182 Main Street, Dover, Delaware						X						X									X						
	IRA - Wright Patman Credit Union			X										X					X									
	1888 W. 30th, Cleveland, Ohio (part of duplex of family home)			X									X											X				
	3000 Carroll Ave., Cleveland, Ohio	X											X		X										X			X
	2103 S Street, NW, Washington DC (2 months rent)							X					X								X							

For additional assets and unearned income, use next page

2951

Reporting Individual's Name

MARY ROSE OAKAR

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	3000 Carroll Ave., Cleveland, Ohio		X		7/12/91		X					

Reporting Individual's Name

MARY ROSE OAKAR

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Wright Patman Credit Union	Personal Loans		X					
	Ameritrust Corp., Cleveland, Ohio	Mortgage - 1888 W. 30th and 3000 Carroll Ave., Cleveland, Ohio		X					
	1st Nat'l Bank of Maryland	Mortgage on 2103 S St., N.W., Washington, DC					X		

Reporting Individual's Name
MARY ROSE OAKAR

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Fox Chase Cancer Center		4/20	Airfare DC-Philadelphia	
Women & Foundations/Corporate Philanthropy		4/20-4/22	Airfare Philadelphia-Chicago-New York; 3 days food, lodging & taxi fare	
Women's Foreign Policy Council		4/22-4/23	Airfare New York-DC; 1 day food, lodging & taxi fare	
Ohio Coalition for Adult Protective Services		5/18	Roundtrip auto, Cleveland-Columbus-Cleveland	
Coalition of Labor Union Women		10/4	Roundtrip airfare, DC-Pittsburgh	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: MARY ROSE OAKAR

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Ex Board (uncompensated)	Rock & Roll Hall of Fame
Board (uncompensated)	Society for Crippled Children

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [ ] NA [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL May 14, 1992 **DATE (Month, Day, Year)** Mary Rose Oakar

MARY ROSE OAKAR
20TH DISTRICT, OHIO

WASHINGTON OFFICE
2231 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3520
(202) 225-5871

DISTRICT OFFICE
523 FEDERAL COURT BUILDING
215 SUPERIOR AVENUE
CLEVELAND, OH 44114-1281
(216) 522-4927

Congress of the United States
House of Representatives
Washington, DC 20515-3520

COMMITTEES
BANKING, FINANCE AND URBAN AFFAIRS
CHAIR, SUBCOMMITTEE ON INTERNATIONAL DEVELOPMENT, FINANCE, TRADE AND MONETARY POLICY
POST OFFICE AND CIVIL SERVICE
SELECT COMMITTEE ON AGING
CHAIR, TASK FORCE ON SOCIAL SECURITY AND WOMEN
COMMITTEE ON HOUSE ADMINISTRATION
CHAIR, SUBCOMMITTEE ON PERSONNEL AND POLICE
U.S. CAPITOL PRESERVATION COMMISSION
WHIP AT LARGE

(1) 192

May 15, 1992

The Honorable Donnald Anderson
Clerk of the House
Office of Records & Registration
1036 Longworth HOB
Washington, DC 20515

✓ mc

1992 MAY 15 PM 2 46

Dear Mr. Anderson:

Please consider this an amendment to my 1991 Financial Disclosure Statement. Please include the following information in Part VII, "Reimbursements":

Source ------ British Petroleum
Date --------- April 24, 1991
Description -- Airfare DC-Cleveland; Dinner

Thanking you for your assistance and with best wishes, I am

Sincerely yours,

Mary Rose Oakar

Mary Rose Oakar
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

92 : 14 : 1 : 1

HAND DELIVERED

JAMES L. OBERSTAR
(Full Name)

2209 Rayburn House Office Building — 202-225-6211
(Mailing Address) — Telephone

Washington, D.C. 20515

Filer Status	XX	Member of the U S House of Representatives — State Minnesota District 8		Officer or Employee	Employing Office
Report Type	XX	Annual (May 15)		Amendment	Termination — Termination Date

MC **(Office Use Only)**

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	J.O. Associates	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

2957

Reporting Individual's Name

James L. Oberstar

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
American Iron and Steel Institute Washington, D.C.	Speech	Jan. 22, 1991	$2,000.00
Council of Chief State School Officers Washington, D.C.	Speech	March 17, 1991	1,000.00
American Association of Equipment Lessors Arlington, Virginia	Speech	May 15, 1991	1,000.00
American Iron and Steel Institute Washington, D.C.	Speech	May 23, 1991	2,000.00

2958

Reporting Individual's Name
James L. Oberstar

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) — None	A: Less than $1,001	B: $1,001 - $15,000	C: $15,001 - $50,000	D: $50,001 - $100,000	E: $100,001 - $250,000	F: $250,001 - $500,000	G: $500,001 - $1,000,000	H: Over $1,000,000	Indicate if alternative valuation method (X). Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I: Less than $201	II: $201 - $1,000	III: $1,001 - $2,500	IV: $2,501 - $5,000	V: $5,001 - $15,000	VI: $15,001 - $50,000	VII: $50,001 - $100,000	VIII: $100,001 - $1,000,000	IX: Over $1,000,000	Block D Transaction (X)
S	Examples: ABC Corporation Stock			X								X								X									X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	CONGRESSIONAL FEDERAL CREDIT UNION (Includes own account and dependent childrens' accounts.)				X									X								X							
	CHEVY CHASE, FSB (Includes own account and dependent childrens' accounts.)					X								X									X						

For additional assets and unearned income, use next page

2959

Reporting Individual's Name

James L. Oberstar

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction							
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Financial Disclosure A-3

2960

Reporting Individual's Name

James L. Oberstar

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
DC	HEMAR	College Loans		X					

2961

Reporting Individual's Name: James L. Oberstar

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [XX]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Southwest Transit Authority	Jan. 12-14	Airfare from Washington, D.C., to Phoenix, AZ, to Duluth, MN; two nights lodging and meals	
Sacramento Airport Authority	Oct. 11-13	Two nights' lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
James L. Oberstar

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE XX

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE XX

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [XX] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [XX] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
James L. Oberstar	May 14, 1992

GPO 1991 56-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

7

David R. Obey
(Full Name)

2462 Rayburn House Office Building
(Mailing Address)

Telephone
(202) 225-3365

INSIDE MAIL

Filer Status	X	Member of the U.S. House of Representatives	State Wisconsin District 7th	☐ Officer or Employee — Employing Office
Report Type	X	Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Georgetown Hospital	Spouse Salary	NA

2964

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
David R. Obey

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	NONE			

2965

Reporting Individual's Name
David R. Obey

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X						X
	Examples: George Wash. Credit Union Accounts				X									X									X				
	Examples: 182 Main Street, Dover, Delaware					X							X									X					
	Riggs National Bank of Virginia (Arlington)			X								NA						IRA's	NA								
	Wright-Patman Congressional Federal Credit Union (Washington, D.C.)			X										X						X							
DC	Continental Federal (Arlington)			X										X						X							

For additional assets and unearned income, use next page

2966

Reporting Individual's Name
David R. Obey

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
David R. Obey

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

2968

Reporting Individual's Name: David R. Obey

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Aspen Institute		Aug. 23-30, 1991	Air Travel from Wash.D.C. to Budapest to Dublin, Ireland, 6 days food & lodging, self and spouse (Self and Spouse	
			participants in seminar on Soviet and East European relations with Soviet & European officials)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
David R. Obey

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 11, 1992

2970

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(10)

92 APR 29 PM 4:06

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

2971

James Randolph Olin
(Full Name)

1410 Longworth House Office Building (202) 225-5431
(Mailing Address) Telephone

Washington, DC 20515

Filer Status	XX	Member of the U.S. House of Representatives	State VA District 06	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	General Electric Co.	Pension	$79,815
	General Electric Co.	Deferred Compensation	$60,253

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

James R. Olin

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	General Electric Co. Stock					X						X										X							X
	Roanoke Gas Co. stock			X								X									X								
	Merrill Lynch CMA				X							X										X							
	US Treasury Bonds						X							X										X					
	Suffolk Hospital Bonds				XX									XX								X							
	Virginia Port Authority Bonds				X									X								X							

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For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James R. Olin

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
	Merrill Lynch EuroFund			X								X										X							
	Nuveen Mutual Fund					X						X										X							
	Flagship Fund					X						X											X						X
	Roanoke Hospital Bonds			X										X								X							
	Virginia Beach Bonds			X										X									X						
	Muni Invest Trust Bonds			X										X								X							X
	Boeing Co. stock			X								X									X								X
	FPL Group stock			X								X										X							X
	Houston Inc. stock			X								X										X							X
	Merrill Lynch Prime Fund			X								X										X							X
	Met Life Gov. Inc. Fund					X						X											X						X
	Merrill Lynch IRA			X								X										X							X
	US Savings Bonds		X											X						X	X								X
	Elfun Fund							X						X										X					X
S	Elfun Fund (wife)					X								X									X						X

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James R. Olin

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)										
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	Transaction (X)
Property, 3113 No. 2nd Rd. Arlington, VA 22201		X												X							X							X
Property, 3400 Hanover St. Richmond, VA 23221				X															X									
American Electric Power stock			X									X							X									X
Duke Power stock			X									X									X							X
Ford Motor stock			X									X							X									X
Pac Tel stock			X									X							X									X
Pepsi stock			X									X							X									X
Sch. Plough stock			X									X							X									X
Smith Kline stock				X								X							X									X
Warner Lambert stock				X								X							X									X
Caro. Power bonds			X											X							X							X
Florida Power bonds		X												X							X							X
GNMA Pool Fund		X											X						X									X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James R. Olin

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
UnitCorp Fund	X												X						X									X
MFS Gov't. Sec. Fund	X										X										X							X
DW US Gov't Fund				X							X												X					X
DW AAA Fund				X							X									X								
US Treasury Bond				X									X									X						X

Reporting Individual's Name
James R. Olin

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	General Electric Stock	donation			5-21-91	x						
	General Electric Stock	donation			8-5-91		x					
	Property: 3113 No. 2nd Rd. Arlington, VA 22201		x		1-13-91		x					
	US Savings Bonds	x			3-26-91	x						
	Muni Invest Trust	return principal			1991 various	x						
	Boeing Stock	x			5-3-91		x					
	FLA PL Stock	x			5-3-91		x					
	Houston Ind Stock	x			5-3-91		x					
	ML IRA	various			various	x						
	Elfun Fund	reinvest			various 91		x					
	Am. Elect. Power stock	inherited			2-28-91	x						
	Duke Power Stock	inherited			2-28-91	x						
	Ford Motor Stock	x			11-21-91	x						
	Pac Tel stock	x			8-12-91	x						
	Pepsi stock	x			8-12-91	x						
	Sh. Plough stock	x			8-12-91	x						
	Smith Kline stock	x			8-12-91	x						

Reporting Individual's Name

James R. Olin

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Warner Lambert stock	x			8-12-91	x						
	MFS Gov't. Sec. Trust	inherited			2-28-91		x					
	MFS Gov't Sec. Trust		x		8-12-91		x					
	Unit Corp. Fund	inherited			2-28-91	x						
	Unit Corp. Fund		x		8-12-91	x						
	GNMA Pool	inherited			2-28-91	x						
	GNMA Pool		x		8-12-91	x						
	Florida Power Bond	inherited			2-28-91	x						
	Florida Power Bond		x		8-12-91	x						
	Caro. Power Bond	inherited			2-28-91	x						
	DW US Gov't Bond	inhertied			2-28-91		x					
	US Treasury Bond	inherited			2-28-91		x					
	Flagship Fund	re-invest			various 91	x						
	Merrill Lynch Prime Fund	re-invest			various 91	x						
	Met Life Gov. Inc. Fund	re-invest			various 91	x						
	Nuveen Fund	re-invest			Various 91	x						

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Reporting Individual's Name

James R. Olin

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at *any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Financial Disclosure A-4

Reporting Individual's Name: JAmes R. Olin

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

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Reporting Individual's Name
James R. Olin

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Board of Directors	Garth Newel Music Center
Board of Directors	Roanoke Transportation Museum

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
	I retired from General Electric Company on January 1, 1982, and will	
	enjoy various benefits that acrued me to me during employment (and are	
	provided for all General Electric retirees of the same category) such as pension plan, deferred incentive compensation, medical and life insurance.	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: James Olin

DATE (Month, Day, Year): Apr 28, 1992

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 AM 10: 03

7

John W. Olver
(Full Name)

Box 855, Amherst, MA 01004
(Mailing Address)

(413)256-6643
Telephone

Filer Status	X	Member of the U.S. House of Representatives — State MA, District 01	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination — Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Massachusetts	Legislative Salary	$18,542.
	Amherst College, Amherst, MA	Spouse Salary	N/A
	State of Massachusetts	Monthly Expense Account	$1,200.

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
John W. Olver

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																	Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	S	ABC Corporation Stock			X								X									X							X
S, DC, JT	Examples:	George Wash. Credit Union Accounts				X									X									X					
S, DC, JT	Examples:	182 Main Street, Dover, Delaware					X							X									X						
JT		AMCAP Fund, Inc.			X								X									X							
JT		Kemper Investment Portfolio			X								X									X							
JT		Carlyle Real Estate Limited Partnership			X										X	X						X							
JT		Daily Cash Accumulation Fund (A.G. Edwards)			X								X								X								
JT		Canada Southern Petro LTD			X																								
JT		33 Myrtle Street, Boston Condo					X																						

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John W. Olver

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	120 acres-unimproved land 117 Central St. Plainfield, MA				X																							
JT	27 acres- unimproved land Buffam Rd, Pelham, MA				X																							
JT	45 acres-unimproved land No Valley Road, Pelham, MA				X																							
S	part interest in a home 29 Valley Lane, Amherst, MA				X																							
	25 acres-unimproved land Beachlake, Berlin Township, PA				X																							
	Mass. State Employee Pension				X																							
JT	Fidelity - Investment Amerigold																											x
JT	Fidelity - Capital Appreciation																											x
JT	Fidelity - Gov't. Reserves																											x

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Reporting Individual's Name

John W. Olver

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Fidelity Investments - Amerigold		x		5 March 91	x						
JT	Fidelity Investments - Capital Appreciation		x		5 March 91		x					
JT	Fideleity Investments - Gov't. Reserves		x		26 Feb. 91	x						

Reporting Individual's Name

John W. Olver

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Heritage Bank for Savings- Northampton, MA	Mortgage at: 33 Myrtle Str. #2, Boston, MA			x				

Reporting Individual's Name: John W. Olver

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [xxx]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [xxx]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John W. Olver

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Director	ADA, 145 Tremont Street, Boston, MA

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
14 June 91	Mass. State Employee Life Insurance Program	
14 June 91	Mass. State Employee Retirement Program	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, §101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John W. Olver	14 May 92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

John W. Olver
(Full Name)

Box 855, Amherst, MA 01004
(Mailing Address)

(413)256-6643
Telephone

Filer Status	[x] Member of the U.S. House of Representatives	State MA District 01	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Massachusetts	Legislative Salary	18,542.
	Amherst College, Amherst, MA	Spouse Salary	N/A
	State of Massachusetts	Monthly Expense Account	1,200.

For payments to charity in lieu of honoraria, use next page

HAND DELIVERED

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Reporting Individual's Name

John W. Olver

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U S Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year If so, provide details in Section IV on page A-3 For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left (This is optional) See instructions, page 14

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional				A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X								X
			George Wash Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X							X									X						
JT	AMCAP Fund, Inc.					X								X									X								
JT	Kemper Investment Portfolio					X								X									X								
JT	Carlyle Real Estate Limited Partnership (A.G. Edwards)					X										X	X						X								
JT	Daily Cash Accumulation Fund					X								X								X									
JT	Canada Southern Petro LTD					X															X										
JT	33 Myrtle Street, Boston Condo						X														X										

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: John W. Olver

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST			None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	120 acres-unimproved land 117 Central St. Plainfield,MA				X																								
JT	27 acres-unimproved land Buffam Rd. Pelham, MA				X																								
JT	45 acres-unimproved land No. Valley Road, Pelham, MA			X																									
S	part interest in a home 29 Valley Lane, Amherst, MA				X																								
	25 acres-unimproved land Beachlake, Berlin Township, PA			X																									
	Mass. State Employee Pension				X															X									
JT	Fidelity - Investment Amerigold	X																		X									X
JT	Fidelity - Capital Appreciation	X										X			X						X								X
JT	Fidelity - Gov't. Reserves	X										X									X								X

Reporting Individual's Name
John W. Olver

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
JT	Fidelity Investments- Amerigold		x		5 March 91	x						
JT	Fidelity Investments - Capital Appreciation		x		5 March 91		x					
JT	Fidelity Investments - Gov't. Reserves		x		26 Feb. 91	x						

Reporting Individual's Name
John W. Olver

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Heritage Bank for Savings - Northampton, MA	Mortgage at: 33 Myrtle Str. #2, Boston, MA			x				

Financial Disclosure A-4

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Reporting Individual's Name
John W. Olver

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE XX

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE XX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John W. Olver

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Director	ADA, 145 Tremont Street, Boston, MA

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
14 June 91	Mass. State Employee Life Insurance Program	*Continuing benefits as a former state
14 June 91	Mass. State Employee Retirement Program	employee; no agreement for re-employment.

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [x] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes ☐ No [x] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
John W. Olver	3 June 92

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 15 PM 4:40

(7)

Solomon Porfirio Ortiz
(Full Name)

2445 Rayburn House Office Building — 202/225-7742
(Mailing Address) — Telephone

Washington DC 20515

HAND DELIVERED

Filer Status	X	Member of the U.S. House of Representatives	State TX District 27	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Solomon Porfirio Ortiz

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year End Value (X): None	Less than $1,001 (A)	$1,001 - $15,000 (B)	$15,001 - $50,000 (C)	$50,001 - $100,000 (D)	$100,001 - $250,000 (E)	$250,001 - $500,000 (F)	$500,001 - $1,000,000 (G)	over $1,000,000 (H)	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	Less than $201 (I)	$201 - $1,000 (II)	$1,001 - $2,500 (III)	$2,501 - $5,000 (IV)	$5,001 - $15,000 (V)	$15,001 - $50,000 (VI)	$50,001 - $100,000 (VII)	$100,001 - $1,000,000 (VIII)	over $1,000,000 (IX)	Block D Transaction (X)
S	ABC Corporation Stock				X							X									X								X
	Examples: George Wash. Credit Union Accounts					X								X										X					
	182 Main Street, Dover, Delaware						X						X										X						
	Cong. Federal Credit Union-Cert.					X								X							X								
	Cong. Federal Credit Union-Accts.						X							X							X								
	1250 4th St.,SW #511,Wash. D.C.						X					X												X					
	Equitable,Washington, DC				X									X							X								
	Amtex, Inc.,Corpus Christi, TX					X						X														X			
	Dean Witter,San Antonio, TX						X					X		X							X								

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Solomon Ortiz

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Unimproved Lots,Robstown, TX				X																							
Seaside Villa Condo,1/2 owner					X																						
--Corpus Christi, TX																											
Villa Del Sol Condo					X																						
--Corpus Christi, TX																											

Reporting Individual's Name
Solomon Ortiz

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Solomon Ortiz

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Alliance Mortgage, Charlotte, NC	Mortgage on 1250 4th St.,SW			X				
	American Bank, Corpus Christi, TX	Mortgage on Villa Del Sol Condo		X					

2999

Reporting Individual's Name
Solomon Ortiz

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section); aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Coastal States Corporation		2/22-23-91	Roundtrip air transportation from Corpus Christi to	
			Laredo, Texas, 2 days meals & Lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

3000

Reporting Individual's Name
Solomon Ortiz

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
President	Amtex Security, Inc.,Corpus Christi, Texas

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) **Yes** [ ] **No** [X] **NA** [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) **Yes** [ ] **No** [X] **NA** [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	08-14-92

GPO : 1991—30-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 JUL 15 PM 4:10

(7)

HAND DELIVERED

(Office Use Only)

Solomon Porfirio Ortiz
(Full Name)

2445 Rayburn House Office Building
(Mailing Address)

202/225-7742
Telephone

Washington DC 20515

Filer Status	X Member of the U.S. House of Representatives	State TX District 27	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	X Amendment (See Instruc)	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE X

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

3002

Reporting Individual's Name: Solomon Porfirio Ortiz

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									BLOCK D
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	Transaction (X)
S	ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Cong. Federal Credit Union-Cert.				X									X							X								
	Cong. Federal Credit Union-Accts.					X								X							X								
	1250 4th St.,SW #511,Wash. D.C.					X							X											X					
	Equitable,Washington, DC			X										X							X								
	Amtex, Inc.,Corpus Christi, TX				X							X													X				
	Dean Witter,San Antonio, TX					X						X		X							X								

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Solomon Ortiz

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	II $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
✓ Unimproved Lots, Robstown, TX			X																								
✓ Seaside Villa Condo, 1/2 owner				X													6/1/92	X									
--Corpus Christi, TX																											
Villa Del Sol Condo				X													6/1/92	X									
--Corpus Christi, TX																											

Reporting Individual's Name: Solomon Ortiz

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Crooked Tree Lot,		X		10-1-91	X						
	Villa Del Sol Condominium	X			12-31-91		X					

Reporting Individual's Name
Solomon Ortiz

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Alliance Mortgage, Charlotte, NC	Mortgage on 1250 4th St.,SW			X				
	American Bank, Corpus Christi, TX	Mortgage on Villa Del Sol Condo		X					

3006

Reporting Individual's Name: Solomon Ortiz

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information, see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 [illegible] food & lodging, self and spouse	
Coastal States Corporation	2/22-23-91	Roundtrip air transportation from Corpus Christi to Laredo, Texas, 2 days meals & Lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

3007

Reporting Individual's Name
Solomon Ortiz

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
President	Amtex Security, Inc.,Corpus Christi, Texas

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	MAY-14-92

GPO: 1997—50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 (10)

William H. Orton
(Full Name)

1723 Longworth House Office Building (202) 225-7751
(Mailing Address) Telephone

Washington, D.C. 20515

Filer Status	X Member of the U.S. House of Representatives	State Utah District 3rd	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CPA Association of New York (payment for teaching an accounting course in 1990 -- payment made after filing deadline 1991)	teaching fee	$1,125.00

For payments to charity in lieu of honoraria, use next page

3009

Reporting Individual's Name

William H. Orton

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500

3010

Reporting Individual's Name

William H. Orton

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X								X										X
			George Wash. Credit Union Accounts			X									X									X							
			182 Main Street, Dover, Delaware				X							X									X								
	First Interstate Bank					X									X									X							
	America First Credit Union		X												X						X										
	Silver Screen Partners			X									X		X							X									
	Dean Witter		X										X								X										
	Orton Properties (partnership)						X							X	X								X								
	Tax Training Institute							X							X							X									

For additional assets and unearned income, use next page

3011

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

William H. Orton

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	House: 3086 E. Meadow Drive Provo, Utah							X																				
	Duplex: 489-491 W. 1800 N. Provo, Utah					X																						
	Cash Value Insurance, The Principal Group				X																							
	Accounts Receivable: law practice			X																								
	Personal Loan: Lisa Lowe			X																								
	Personal Loan: Tony Johnson			X																								
	Personal Loan: Orton for Congress				X																							

3012

Reporting Individual's Name
William H. Orton

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H 1+,000,000
Example	ABC Corporation Common Stock	X			10-12-90		X					

Reporting Individual's Name

William H. Orton

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	GMAC Mortgage	Mortgage on House 3086 E. Meadow Dr., Provo, Utah				X			
	Crossland Mortgage	Mortgage on Duplex 489-491 W. 1800 N., Provo, Utah			X				

3014

Reporting Individual's Name
William H. Orton

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section); aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☒

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Urban Land Institute	Apr 25-26	Air travel from D.C.-Seattle-Salt Lake, lodging & meals (1 night)	
Real Estate Tax Institute	May 9-13	Roundtrip air travel from D.C.-Key West, lodging & meals (4 nights)	
Credit Union National Association	June 15-16	Roundtrip air travel from Salt Lake-Reno, lodging & meals (1 night)	
McDonalds Corporation	Aug 5-6	Roundtrip air travel from D.C.-Chicago, lodging & meals (1 night)	
National Association of Realtors	Nov 9-10	Roundtrip air travel from Salt Lake-Reno, lodging & meals (1 night)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: William H. Orton

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Western Regional Council	Dec 5	Roundtrip air travel from Salt Lake-Phoenix, meals (1 day)	

Reporting Individual's Name
William H. Orton

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Trustee	Great Western Trail Foundation (501(c)(3) organization) -- uncompensated position

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
William H. Orton	May 14, 1992

3017

BILL ORTON
3D DISTRICT, UTAH

COMMITTEES:
BANKING, FINANCE AND URBAN AFFAIRS
FOREIGN AFFAIRS
SMALL BUSINESS

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE:
1723 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-7751

DISTRICT OFFICE:
51 SOUTH UNIVERSITY AVENUE
ROOM 317
PROVO, UT 84606
(801) 379-2500

May 14, 1992

The Honorable Donnald K. Anderson
Clerk of the House
H-105, the Capitol
Washington, D.C. 20515

Dear Donn:

Please clarify my 1992 financial disclosure form as follows:

Form A parts II and III:

Orton Properties: disclosure of underlying assets

Farm -- Avon, Utah (no address): Category E
House and Fram -- North Ogden, Utah (approx. 600 E. 2100 N.): Category D
Farm Land and Barn -- North Ogden, Utah (approx. 550 E. 2100 N.): Category C
Duplex -- 489-491 W. 1800 N., Provo, Utah: Category D

Sincerely,

William H. Orton
Member of Congress

BILL ORTON
3D DISTRICT, UTAH

COMMITTEES
BANKING, FINANCE AND URBAN AFFAIRS
FOREIGN AFFAIRS
SMALL BUSINESS

Congress of the United States
House of Representatives
Washington, DC 20515–4403

WASHINGTON OFFICE
1723 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–4403
(202) 225–7751

DISTRICT OFFICE
51 SOUTH UNIVERSITY AVENUE
ROOM 317
PROVO, UT 84606
(801) 379–2500

92 JUN 5 PM 1:18
HAND DEL

June 5, 1992

(3)

The Honorable Louis Stokes
Chairman, Committee on Standards of Official Conduct
The Honorable James V. Hansen
Suite HT-2, U.S. Capitol
Washington, D.C. 20515

✓
MC

Dear Mr. Chairman and Mr. Hansen:

Pursuant to your examination of my financial disclosure statement filed May 15, 1992, you requested additional information on the following:

Assets: Dean Witter
Your letter indicated that I should provide any underlying assets. The asset is a Dean Witter investment account, something similar to a CD. It does not include underlying stock.

Unearned Income:
I have included an amended page 4 of my original financial disclosure with the type and amount of income indicated for all assets.

Orton Properties: You indicated that I had listed my duplex in both my amendment filed on May 15, 1992 and on page 4 of the original disclosure. There is only one duplex. Originally I purchased the duplex in my own name, but subsequently it was contributed as a capital contribution to Orton Properties, a Utah partnership. However, on Utah County property tax records, the duplex remains listed in my name. The partnership is in the process of correcting property tax records. In the interim, the property is an underlying asset of the partnership and is properly listed as such in the disclosure. Since it could be argued from property tax listings that I owned the duplex, it was also listed separately as an asset, but the value of the asset has not been duplicated in the disclosure. So long as there is no confusion that the asset is an underlying asset of the partnership, the duplex should be removed from the

separate list of assets and remain on the list of partnership underlying assets. In so doing, the value of the duplex is removed from personal assets and added to the partnership. This addition is not sufficient to increase the value of partnership assets into the next higher category and therefore no further change is necessary.

Thank you for your consideration and assistance.

Sincerely,

William H. Orton
Member of Congress

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: William H. Orton

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Transaction (X)
House: 3086 E. Meadow Drive Provo, Utah							X						X							X								
Duplex: 489-491 W. 1800 N. Provo, Utah					X								X										X					
Cash Value Insurance, The Principal Group				X								X										X						
Accounts Receivable: law practice			X															accounts receivable										
Personal Loan: Lisa Lowe			X											X						X								
Personal Loan: Tony Johnson			X											X						X								
Personal Loan: Orton for Congress				X										X							X							

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(7)

MAJOR R. OWENS
(Full Name)

978 CLARKSON AVENUE
(Mailing Address)

BROOKLYN, NY 11203

Telephone (202) 225-6231

Filer Status	X	Member of the U.S. House of Representatives	State New York District 12th CD	Officer or Employee — Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination — Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

3022

Reporting Individual's Name
MAJOR R. OWENS

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
NONE				

Reporting Individual's Name
MAJOR R. OWENS

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE [X]

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																			Block D
			You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X										X
			George Wash. Credit Union Accounts				X									X									X								
			182 Main Street, Dover, Delaware					X							X								X										

For additional assets and unearned income, use next page

3024

Reporting Individual's Name

MAJOR R. OWENS

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

MAJOR R. OWENS

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	CITI-BANK OF NEW YORK	PERSONAL LOAN		X					

Reporting Individual's Name
MAJOR R. OWENS

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Alabama Rehabilitation Association	April 30 - 31, 1991	Roundtrip Air Travel From Washington, DC to Montgomery, Alabama Overnight Lodging	
Civil Service Employees Assoc., Inc.	May 18-19, 1991	Roundtrip Air Travel From Washington, DC to Albany, New York Overnight Lodging	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

3027

Reporting Individual's Name
MAJOR R. OWENS

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
PRESIDENT	COMMUNOVATION ASSOCIATES

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] N/A [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [X] No [ ] N/A [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Major R. Owens	MAY 14, 1992

GPO: 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

Wayne Owens
(Full Name)
1728 LHOB House of Representatives
(Mailing Address)
Washington, D.C. 20515
Telephone

Filer Status	✓ Member of the U.S. House of Representatives	State Utah District 2	Officer or Employee	Employing Office
Report Type	✓ Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED

mc

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Salt Lake City Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

3029

Reporting Individual's Name: Wayne Owens.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	None			

3030

Reporting Individual's Name

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X							X								X									X
			George Wash. Credit Union Accounts			X								X									X						
			182 Main Street, Dover, Delaware				X						X									X							
S	Shares of CSX Stock				X							X								X									
	Boulder Ranch Partnership						X												X										In process of Sale
	Family Home, Parguitch, Utah				X														X										
	Savings				X									X							X								

For additional assets and unearned income, use next page

3031

Reporting Individual's Name: Wayne Owens

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☑

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name: Wayne Owens

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Zion's First National Bank	Demand Note			X				
	Leon W. Harman	" "		X					
	S. D. Abraham	" "		X					
	American Investment Bank	" "		X					
	Boulder Ranch Partnership	" "		X					

Reporting Individual's Name: Wayne Owens.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SD Enterprises	4/21/91	Air Travel from West Palm Beach to Washington, D.C. Reimbursed	
SD Enterprises	6/29 to 7/9	Air Travel from Israel to UAE to Kuwait to Saudi Arabia to Syria to NYC Reimbursed	
Huntsman Chemical Co.	4/20 to 6/25	Air Travel from Salt Lake City to Moscow to Armenia and return, including hotel and meals (for self and spouse)	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Wayne Owens.

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Gov't of Armenia	9/20 to 9/22	Hotel Room in Yerevan, Armenia	X

Reporting Individual's Name: Wayne Owens

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Partner	Boulder Ranching Co., Boulder, Utah

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☑

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Wayne Owens	May 14, 1992

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

9

Congressman Michael Garver Oxley
(Full Name)

2448 Rayburn H.O.B.
(Mailing Address)

Washington, D.C. 20515

Telephone (202)225-2676

Filer Status	X Member of the U.S. House of Representatives	State Ohio District 4th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED
MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Shannon & Luchs Realtors	Spouse Commissions	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Michael C. Oxley

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional				Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X							X
			George Wash. Credit Union Accounts				X									X								X						
			182 Main Street, Dover, Delaware					X							X								X							
	Ohio Bank & Savings Co.					X										X							X							
	Wright Patman Federal Credit Union					X										X						X								
	Diamond Savings					X										X						X								
	Northwestern Mutual Life - IRA						X							X																
	Keough Plan (not self-directed) Ohio Bank & Savings Co.					X										X														
	Sovran Bank, Virginia					X										X						X								

For additional assets and unearned income, use next page

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Reporting Individual's Name

Michael G. Oxley, M.C.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000-$5,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

Michael G. Oxley, M.C.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Michael G. Oxley, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
** SEE ATTACHED			

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Michael G. Oxley, M.C.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/13/92

ASSOCIATION & EVENT	DATES
National Ocean Industries Newport, RI R/T air fare, lodging & meals for member & wife Conference speaker on environmental issues DCA/Providence, RI/DCA	July 19 - 21
Independent Insurance Agents of America Houston, TX R\T air fare, meals & lodging for member Speech on insurance issues DCA/Charlotte/Houston/Charlotte/DCA	March 31 - April 1
Transatlantic Conference Delegation trip to Rome, Italy Ripon Education Fund sponsored R/T air fare, lodging & meals for member & wife DCA/Rome/DCA	Nov. 30 - Dec. 7 (travel days on Nov. 30 & Dec. 7)
ALLTEL/Ohio Telephone Association Cuyahoga Falls, OH R/T air fare & meals for member Speaker at conference on telecommunications issues DCA/Cleveland/DCA	September 9
Congressional Charity Golf Tournament, Inc. Greenbrier Golf Tournament White Sulphur Springs, W. VA Transportation (bus), food & lodging for member & wife charity golf tournament participant	September 6 - 8
National Association of Manufacturers Hilton Head, SC R/T air fare, lodging, meals & transportation for member & wife Keynote speaker on corporate finance & management DCA/Charlotte/Hilton Head/Charlotte/DCA	October 4 - 7 (travel days on Oct. 4 Oct. 7)

SECTION VII

1991

ASSOCIATION & EVENT	DATES
Jerry Ford Invitational Charity Golf Tournament Vail, Colorado One-way air fare, lodging & meals for member and wife DCA/Charlotte/Denver Charity Golf Tournament participant Central Investment of Cincinnati Participating sponsor for Jerry Ford Invitational Golf Tournament in Vail, CO One-way air fare from Vail, CO to DCA for member and wife	August 10 - 14 (travel days Aug. 10 and Aug. 14)
First Freedom Flight to Kuwait Fluor Corporation R/T air fare, meals & lodging for member DCA/Kuwait/DCA	March 13 - 16
NYNEX Laboratories White Plains, NY R/T air fare for member Tour of lab facilities DCA/Laguardia/DCA	August 5
Congressional Charity Tennis Tournament, Inc. Congressional Charity Tennis Event The Greenbrier White Sulphur Spirngs, W. VA Lodging & meals for member & wife (drove himself)	March 1 - 3
Ohio Edison/Penn Power Akron, OH R/T air fare, lodging & meals for member Panel on energy issues DCA/Cleveland/CMH/DCA	August 6 - 7
National Cable T.V. Association New Orleans, LA R/T air fare, lodging & meals for member & wife Panel on cable television issues BWI/New Orleans/BWI	March 24 - 26

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Congressman Michael Carver Oxley
(Full Name)

2448 Rayburn H.O.B.
(Mailing Address)

Washington, D.C. 20515

Telephone (202)225-2676

Filer Status	[ ]	Member of the U.S. House of Representatives	State Ohio District 4th	[ ] Officer or Employee	Employing Office
Report Type	[X]	Annual (May 15)	[X] Amendment 100 5/1/92	[ ] Termination	Termination Date

HAND DELIVERED

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Shannon & Luchs Realtors	Spouse Commissions	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

Michael G. Oxley, M.C.

PART ID – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

* List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
[illegible] Chamber of Commerce	Speech	February 19, 1991	$1,000
United States Telephone Association	Speech	March 5, 1991	$1,000
[illegible] Association	Speech	March 19, 1991	$2,000
National [illegible] U.S. Association	Speech	March 24-26, 1991	$1,500
[illegible] Association	Speech	April 30, 1991	$1,000
[illegible] Amusement Business Association	Speech	May 6, 1991	$1,000
[illegible] Tobacco Council, Inc.	Speech	June 4, 1991	$1,000
National Assoc. of Quick Printers	Speech	August 9, 1991	$1,000
National Bar Association	Speech	September 11, 1991	$2,000
Procter & Gamble	Speech	October 2, 1991	$1,000
The Washington Campus	Speech	October 30, 1991	$ 500
* NOTE: This page was inadvertently filed with the list of charities provided to the Committee on Standards of Official Conduct on May 13, 1992.			

Reporting Individual's Name

Michael G. Oxley

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 11.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC) or jointly held (JT). This is optional.			Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H Over $500,000		DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S	Examples	ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X								X							
		182 Main Street, Dover, Delaware					X							X										X						
	Ohio Bank & Savings Co.				X										X								X							
	Wright Patman Federal Credit Union				X										X							X								
	Diamond Savings				X										X							X								
	Northwestern Mutual Life - IRA (Comp. Plan. (not self-directed)					X						X																		
	Ohio Bank & Savings Co.				X										X															
	Virginia Bank, Virginia				X										X							X								

For additional assets and unearned income, use next page

Page ___ of ___

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Reporting Individual's Name

Michael G. Oxley, M.C.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000 include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 - over
Example	ABC Corporation Common Stock	X			10 12 90			X				

Page ___ of ___

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Reporting Individual's Name

Michael G. Oxley, M.C.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 – over
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			

Reporting Individual's Name: Michael G. Oxley, M.C.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

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NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
SEE ATTACHED				

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Michael G. Oxley, M.C.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

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Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/13/92

GPO: 1991: 32-267 (m)

ASSOCIATION & EVENT	DATES
National Ocean Industries Newport, RI R/T air fare, lodging & meals for member & wife Conference speaker on environmental issues DCA/Providence, RI/DCA	July 19 - 21
Independent Insurance Agents of America Houston, TX R\T air fare, meals & lodging for member Speech on insurance issues DCA/Charlotte/Houston/Charlotte/DCA	March 31 - April 1
Transatlantic Conference Delegation trip to Rome, Italy Ripon Education Fund sponsored R/T air fare, lodging & meals for member & wife DCA/Rome/DCA	Nov. 30 - Dec. 7 (travel days on Nov. 30 & Dec. 7)
ALLTEL/Ohio Telephone Association Cuyahoga Falls, OH R/T air fare & meals for member Speaker at conference on telecommunications issues DCA/Cleveland/DCA	September 9
Congressional Charity Golf Tournament, Inc. Greenbrier Golf Tournament White Sulphur Springs, W. VA Transportation (bus), food & lodging for member & wife charity golf tournament participant	September 6 - 8
National Association of Manufacturers Hilton Head, SC R/T air fare, lodging, meals & transportation for member & wife Keynote speaker on corporate finance & management DCA/Charlotte/Hilton Head/Charlotte/DCA	October 4 - 7 (travel days on Oct. 4 Oct. 7)

SECTION VII

1991

ASSOCIATION & EVENT	DATES
Jerry Ford Invitational Charity Golf Tournament Vail, Colorado One-way air fare, lodging & meals for member and wife DCA/Charlotte/Denver Charity Golf Tournament participant Central Investment of Cincinnati Participating sponsor for Jerry Ford Invitational Golf Tournament in Vail, CO One-way air fare from Vail, CO to DCA for member and wife	August 10 - 14 (travel days Aug. 10 and Aug. 14)
First Freedom Flight to Kuwait Fluor Corporation R/T air fare, meals & lodging for member DCA/Kuwait/DCA	March 13 - 16
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Ohio Edison/Penn Power Akron, OH R/T air fare, lodging & meals for member Panel on energy issues DCA/Cleveland/CMH/DCA	August 6 - 7
National Cable T.V. Association New Orleans, LA R/T air fare, lodging & meals for member & wife Panel on cable television issues BWI/New Orleans/BWI	March 24 - 26

3054

(10)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RONALD C. PACKARD (Full Name)	
434 CANNON HOUSE OFFICE BUILDING (Mailing Address)	(202) 225-4906 (Telephone)
WASHINGTON, D.C. 20515	

Filer Status	X	Member of the U.S. House of Representatives	State CA District 43	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
RONALD C. PACKARD

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e. speech, appearance, or article), date and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	AMERICANS FOR SAFE & COMPETITIVE TRUCKING (ASCT)	SPEECH	SEPT. 12, 1991	$1000
	AMERICAN COLLEGE OF DENTISTS	SPEECH	JAN. 25, 1991	$300

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Reporting Individual's Name
RONALD C. PACKARD

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Block D Transaction (X)
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
S DC JT	Examples: S ABC Corporation Stock		X									X								X								X
	Examples: George Wash. Credit Union Accounts			X										X								X						
	Examples: 182 Main Street, Dover, Delaware				X							X									X							
JT	1ST NATIONAL BANK OF NO. COUNTY (stock)			X																								
JT	VACANT LOT - 180 acres SAN LUIS REY PROPERTY, OCEANSIDE, CA			X																								
	COIN COLLECTION		X																									
	INVESTMENT DIAMONDS			X																								
JT	CHINA BUSINESS MACHINES (name changed from Lady Robbin)	X																										
S	SALE OF PROPERTY (Mother-in-law's estate, in Oceanside, CA)			X																								

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
RONALD C. PACKARD

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
		N/A																									

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Reporting Individual's Name

RONALD C. PACKARD

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				
	N/A											

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Reporting Individual's Name

RONALD C. PACKARD

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	N/A								

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Reporting Individual's Name: RONALD C. PACKARD

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135
KEMPER OPEN GOLF TOURNAMENT	Waterford double old fashions (4), golf shirt, sweater & jacket (paid $27.00)	200.00

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
Examples: ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
OREGON HEALTH SCIENCES UNIV. (School of Dentistry)	FEB. 12,'91	Roundtrip airfare from S.Diego to Portland	
AMERICAN GAS ASSOCIATION	OCT 27,'91	Share of airfare (Wash. DC - S.Diego)	
TECHTRANS	OCT 28,'91	Share of airfare (S.Diego - L.Vegas - Wash. DC)	
DANNY THOMPSON MEMORIAL GOLF TOURN.	Aug 21-24 '91	Lodging and food in Sun Valley	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

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PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name
RONALD C. PACKARD

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
N/A			

Reporting Individual's Name

RONALD C. PACKARD

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
N/A	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
	N/A	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ronald C. Packard	May 15, 1998

The Honorable Ron C. Packard
May 22, 1991
Page 2

Please fax this form to Carolyn Corrigan as soon as possible but no later than May 26.

If the total is over what you can accept, please bring a check with you when you register at Avenel rather than sending it ahead of time.

FAX: 301/469-3741

MAIN PRO-AM

Waterford double old fashions (4)	108.00	X
Totebag (MUST ACCEPT)	11.41	11.41
Logoed golf shirt by Jaymar-Ruby	18.25	X
Logoed argyle sweater by Jaymar-Ruby	32.50	___
Logoed jacket	69.00	X
Umbrella	17.00	___
Logoed Watch	19.50	___
Golf balls	7.50	___
Money clip	12.00	___
Insta-Plak picture of group	41.50	___
PGA TOUR Media Guide	3.00	___
Stress sandbag	3.90	___
Hand exercizer	6.00	___
Letter opener with scrimshaw golf scene	25.00	___
Cosmetic gift package	6.00	___
	380.56	

I wish to accept the entire gift package. ____

I wish to accept those items which are checked. X

NAME Ron C. Packard

SIGNATURE [illegible]

PHONE NUMBER [illegible]

RON PACKARD
43RD DISTRICT, CALIFORNIA

COMMITTEES
PUBLIC WORKS
AND TRANSPORTATION
SCIENCE, SPACE, AND TECHNOLOGY

434 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0543
(202) 225-3906

HAND DELIVERED

'92 JUN -4 AM 9:10

Congress of the United States
House of Representatives

PLEASE REPLY TO:
2121 PALOMAR AIRPORT ROAD
SUITE 105
CARLSBAD, CA 92009
(619) 438-0443
(619) 941-0043

629 CAMINO DE LOS MARES
SUITE 204
SAN CLEMENTE, CA 92672
(714) 496-2343

June 3, 1992

(11)

✓
MC

The Honorable Louis Stokes, Chairman
Committee on Standards of Official Conduct
Suite H-2, U.S. Capitol
Washington, D.C. 20515-6328

Dear Louis:

Please find enclosed my 1991 Financial Disclosure Statement with an amendment to Part III - Unearned Income. I have noted that with regard to the stock I hold at 1st National Bank of North County, I received no income. Furthermore, this stock paid no dividends.

I hope this information clarifies the category of income for the 1st National Bank of North County stock. I have not checked the type of income in Block C, because, as earlier stated, there is none.

Sincerely,

Ron Packard

Ron Packard
Member of Congress

RP/skm
Enclosures

THIS STATEMENT PRINTED ON PAPER MADE FROM RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RONALD C. PACKARD
(Full Name)

434 CANNON HOUSE OFFICE BUILDING
(Mailing Address)

(202) 225-3906
Telephone

WASHINGTON, D.C. 20515

HAND DELIVERED

(Office Use Only)

Filer Status	X Member of the U.S. House of Representatives — State CA District 43	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	X Amendment	Termination — Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

RONALD C. PACKARD

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
AMERICANS FOR SAFE & COMPETITIVE TRUCKING (ASCT)	SPEECH	SEPT. 12, 1991	$1000
AMERICAN COLLEGE OF DENTISTS	SPEECH	JAN. 23, 1991	$300

Reporting Individual's Name
RONALD C. PACKARD

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	Transaction (X)
S	Examples: ABC Corporation Stock				X								X									X								X
DC	George Wash. Credit Union Accounts					X									X									X						
JT	182 Main Street, Dover, Delaware						X							X									X							
JT	1ST NATIONAL BANK OF NO. COUNTY (stock)						X													X										
JT	VACANT LOT - 180 acres SAN LUIS REY PROPERTY, OCEANSIDE, CA					X																								
	COIN COLLECTION				X																									
	INVESTMENT DIAMONDS					X																								
JT	CHINA BUSINESS MACHINES (name changed from Lady Robbin)			X																										
S	SALE OF PROPERTY (Mother-in-law's estate, in Oceanside, CA)					X																								

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: RONALD C. PACKARD

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S DC JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
	N/A																										

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PART IV – TRANSACTIONS

RONALD C. PACKARD

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 -
Example	ABC Corporation Common Stock	X			10-12-90			X				
	N/A											

Reporting Individual's Name

RONALD C. PACKARD

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out. Loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	N/A								

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Reporting Individual's Name

RONALD C. PACKARD

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
KEMPER OPEN GOLF TOURNAMENT	Waterford double old fashions (4), golf shirt, sweater & jacket (paid $27.00)	200.00

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
(School of Dentistry) OREGON HEALTH SCIENCES UNIV.	FEB. 12,'91	Roundtrip airfare from S.Diego to Portland	
AMERICAN GAS ASSOCIATION	OCT 27,'91	Share of airfare (Wash. DC - S.Diego)	
TECHTRANS	OCT 28,'91	Share of airfare (S.Diego - L.A. gas - Wash. DC)	
DANNY THOMPSON MEMORIAL GOLF TOURN.	Aug 21-24 '91	Lodging and food in Sun Valley	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: RONALD C. PACKARD

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
N/A			

Reporting Individual's Name

RONALD C. PACKARD

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
N/A	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
	N/A	

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☐ NA ☒

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ronald C. Packard	May 15, 1992

GPO 1991 50-267 (m)

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Paul Michael (Mike) Parker

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Land & Rental Building 201 W. Congress St., Brookhaven	JT					X							X											X				
American Funeral Assurance Co. Amory, MS (Stock)	JT				X							X									X							
Hominy Ridge, Inc. Franklin County, MS (Stock)	S			X											X									X				
IRA's, Bank of Franklin, Meadville			X											X					NA									
IRA's, Bank of Franklin, Meadville	S		X											X					NA									
Savings Account Trustmark Bank, Brookhaven, MS	JT				X									X							X							

(6)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... 11 MAY 08

HAND DELIVERED

Frank Pallone, Jr.
(Full Name)

29 Morrell Street
(Mailing Address)

Telephone

Long Branch, NJ 07740

Filer Status	X	Member of the U.S. House of Representatives	State New Jersey District 3rd	Officer or Employee — Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination — Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☒

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

3075

Reporting Individual's Name
Frank Pallone Jr.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S DC JT	Examples	S ABC Corporation Stock		X								X									X								X
		George Wash. Credit Union Accounts				X								X										X					
		182 Main Street, Dover, Delaware					X						X										X						
First Fidelity Bank of NJ - Accounts																													
160 Brighton Ave Long Branch, NJ				X																									
Congressional Credit Union - Accounts																													
Washington D.C.			X											X						X									

For additional assets and unearned income, use next page

3076

Reporting Individual's Name

Frank Pallone Jr.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

B, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Condo 787 Ocean Ave. Long Branch, NJ Unit #1801	x			3-1-91				x			

Reporting Individual's Name

Frank Pallone Jr.

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
	Chase Home Mortgage Corporation	Mortgage on 787 Ocean Ave. #1801							
		Long Branch, NJ				x			

3078

Reporting Individual's Name
Frank Pallone Jr.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Frank Pallone Jr.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Frank Pallone, Jr.	May 7, 1992

3080

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . 1 . 7 (9)

Leon E. Panetta
(Full Name)

15 Panetta Road
(Mailing Address)

Carmel Valley, CA 93924 — Telephone (408) 649-8033

Filer Status: [X] Member of the U.S. House of Representatives — State California District 16 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Citizens for Congressman Panetta	Spouse Salary	n/a

For payments to charity in lieu of honoraria, use next page

3081

Reporting Individual's Name
Leon E. Panetta

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
None				

3082

Reporting Individual's Name
Leon E. Panetta

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	Block D Transaction (X)
S.	Examples:	S ABC Corporation Stock			X								X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X						X										X							
		Commercial Rental-50% Interest 232 Madison St, Monterey, CA						X					X												X					
		Bank of America Carmel, CA		X											X							X								
		Congress Federal Credit Union			X										X						X									

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Leon E. Panetta

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						BLOCK C Income: Category of Amount of Income (X)									BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
The below listed stock and bank accounts were held in joint tenancy with Sylvia Panetta(spouse) and Sylvia Panetta's mother. Sylvia Panetta's name was listed on the ~~accounts for convenience only and~~ she has no beneficial or equitable ~~interest in the income or principal~~ of the accounts. In May of 1991 the ~~accounts were transferred to a~~ grantor trust with Sylvia Panetta as trustee and the ~~mother as beneficiary~~																										
Bank of America Corp - stock	X										X								X							
Bank of America - Monterey, CA	X												X								X					
Wells Fargo - Monterey, CA	X												X									X				
Coast Federal - Monterey, CA	X												X										X			
World Savings - Monterey, CA	X												X									X				
Great Western - Monterey, CA	X												X										X			

3084

Reporting Individual's Name

Leon E. Panetta

PART IV—TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	None											

Reporting Individual's Name
Leon E. Panetta

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
None									

Financial Disclosure A-4

3086

Reporting Individual's Name
Leon E. Panetta

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
None		

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20–22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
US Dept of Commerce Coastal Zone '91 Conference		July 11-12, 1991	Air fare from Wash DC to LA, LA to Monterey, CA ~~One night lodging and meals~~	
Anti-Defamation League of B'nai B'rith-U.S./Israel Conference		Aug 8 - 14, 1991	Round trip airfare to Israel, self and spouse, lodging and meals	
Univ. of Hawaii - -U.S. Japan Conference		Aug 18 - 22, 1991	Round trip airfare to Maui, self and spouse, lodging and meals	
Gephart for Congress Campaign Committee		Oct 18, 1991	Air fare from Wash DC to St. Louis, St. Louis to SF, CA	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Leon E. Panetta

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
n/a			

Reporting Individual's Name
Leon E. Panetta

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization
None	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement
None		

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [ ] NA [X]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [ ] NA [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	5/14/92

GPO: 1984 O-50-767 (m)

3089

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(9)

92 ... 15 ... 23

HAND DELIVERED

mc (Office Use Only)

Paul Michael (Mike) Parker
(Full Name)

1504 Longworth HOB — 202-225-5865
(Mailing Address) — Telephone

Washington, D.C. 20515

Filer Status	X Member of the U.S. House of Representatives	State Mississippi District 4th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Brookhaven Funeral Home, Inc.	Spouse Salary	NA
	Community Life Insurance Company of Mississippi, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

3090

Reporting Individual's Name

PAUL MICHAEL (MIKE) PARKER

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	RJR Nabisco Washington, Inc.	Speech	Mar. 11, 1991	$2,000
	National Foundation of Funeral Service	Luncheon Keynote Speaker	Mar. 18, 1991	$1,000
	The Tobacco Institute	Speech	May 28, 1991	$2,000
	College of American Pathologists	Speech	Sept. 11, 1991	$1,000
	National Restaurant Assn. Public Affairs Conference	Panel Discussion	Sept. 24, 1991	$2,000
	Edison Electric Institute	Speech	Oct. 16, 1991	$250

Reporting Individual's Name
PAUL MICHAEL (MIKE) PARKER

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependant child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX Over $1,000,000	Transaction (X)
S DC JT	Examples: S ABC Corporation Stock			X								X								X							X
	Examples: George Wash. Credit Union Accounts				X									X								X					
	Examples: 182 Main Street, Dover, Delaware					X							X										X				
JT	Parker Funeral Homes, Inc., Brookhaven							X				X							X								
JT	Brookhaven Funeral Ins. Co., Brookhaven							X					X											X			
JT	Community Life Ins. Co., Brookhaven							X					X						X								
	Jackson One, Inc., Brookhaven (stock)	X										X								X							
JT	Land, GFG Farm, Lincoln County, Brookhaven							X										Farm Income	X								
	Land, House, Wesson, MS			X											X							X					X

For additional assets and unearned Income, use next page

3092

Reporting Individual's Name
PAUL MICHAEL (MIKE) PARKER

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H Over $1,000,000
	Example | ABC Corporation Common Stock	X			10-12-90			X				
JT	Land, House, Wesson, MS		X		04-91	X						

Financial Disclosure A-3

3099

Reporting Individual's Name
PAUL MICHAEL (MIKE) PARKER

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	TRUSTMARK BANK, BROOKHAVEN, MS	Mortgage on Rental Property			X				
JT	TRUSTMARK BANK, BROOKHAVEN, MS	Personal Loan		X					

Reporting Individual's Name
PAUL MICHAEL (MIKE) PARKER

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description and value of all gifts other than transportation, lodging, meals or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual; and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
G M Corp.	Civil War Video Tapes	$120

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (*)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Continental Airlines Continental Airlines Roundtable	Feb. 17-18 1991	Roundtrip Airfare from Jackson, MS to Houston, TX Food and Lodging	
National Foundation of Funeral Service Funeral Service Executives Forum (Luncheon Keynote Speaker)	Mar. 18 1991	Roundtrip Airfare from Jackson, MS to Chicago, IL Food	
Louisiana Land and Exploration Co. Louisiana Oil and Gas Production Waste Management (Fact Finding Tour)	July 11-13 1991	Airfare from Washington, D. C. to New Orleans, LA Lodging, food, car transportation to Brookhaven, MS	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
PAUL MICHAEL (MIKE) PARKER

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Community Relations Committee of the Jewish Federation of Greater Houston and AIPAC (Fact Finding Trip to Israel)	Aug.8-16 1991	Roundtrip airfare from New Orleans, LA to Tel Aviv to Rome to New Orleans, LA (Returning on Aug. 23 after Personal Side Trip) 7 days food and Lodging, self and spouse	
The Brookings Institution Japan-U. S. Partnership Forum	Dec. 1-4 1991	Roundtrip Airfare from New Orleans, LA to Tokyo, Japan 4 days Food and Lodging, self and spouse	

Financial Disclosure A-5(a)

Reporting Individual's Name
PAUL MICHAEL (MIKE) PARKER

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; any nonprofit organization; any labor organization; or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
President	Parker Funeral Homes, Inc., Brookhaven, MS
President	Community Life Insurance Company, Inc., Brookhaven, MS
President	Brookhaven Funeral Insurance Company, Inc., Brookhaven, MS

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement
N/A		

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Mike Parker

DATE (Month, Day, Year): May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(8)

Edward Lopez Pastor
(Full Name)

1151 West Thomas Road — 602-248-7023
(Mailing Address) — Telephone

Phoenix, Arizona 85013

Filer Status	[X] Member of the U S House of Representatives	State Arizona District Two	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

MC **(Office Use Only)**

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Maricopa County, Phoenix, Arizona	Salary	$ 12,223
	State of Arizona, Phoenix, Arizona	Spouse Salary	40,789
	U. S. House of Representatives, Washington, D.C.	Salary	23,282

For payments to charity in lieu of honoraria, use next page

3098

Reporting Individual's Name

Edward Lopez Pastor

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S — ABC Corporation Stock		X									X									X							X
	Examples: S — George Wash. Credit Union Accounts				X									X									X					
	Examples: S — 182 Main Street, Dover, Delaware					X							X									X						
JT	Sende Vista Lot, Guadalupe, AZ		X																X									
JT	Valley National Bank, Phoenix, AZ		X											X							X							
S	AZ. State Emp. Credit Union - I.R.A.		X											X							X							
	Valley National Bank - I.R.A.		X											X							X							
S	Arizona State Retirement Plan					X								X				Member Contrib					X					
	Arizona State Retirement Plan				X									X				Member Contrib				X						

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Edward Lopez Pastor

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours; your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	PEBSCO - Deferred Compensation			X										X			Contrib			X								
DC	Bank of America - Cert. of Deposit		X											X					X									
	Central Life Insurance Cash Value			X								X								X								

3100

Reporting Individual's Name

Edward Lopez Pastor

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Edward Lopez Pastor

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, D, C, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Valley National Bank, Phoenix, Arizona	Home Equity Loan	X						
JT	Security Pacific Bank, Phoenix, Arizona	Home Original Mortgage		X					

Financial Disclosure A-4

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Reporting Individual's Name
Edward Lopez PASTOR

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE XX

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE XX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Edward Lopez PASTOR

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Board Member	Arizona State University Sun Angel Foundation, Tempe, Arizona
Board Member	Arizona State University Alumni Association, Tempe, Arizona
Board Member	National Council of La Raza, Washington, D.C.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [XX]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Ed Pastor	April 22, 1992

GPO: 1991: 50-267 (m)

Position	Name of Organization
Board Member	National Association of Latino Elected Officials, Washington, D.C.
Board Member	Neighborhood Housing Services of America, Oakland, CA.
Board Member	National Association of Counties, Washington, D.C.
Board Member	Phoenix Memorial Hospital Primary Care Board, Phoenix, AZ.
Board Member	Arizona State University Los Diablos Alumni Association, Tempe, AZ.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(16)

Elizabeth Johnston Patterson
(Full Name)

230 Cannon House Office Building — 202-225-6030
(Mailing Address) — Telephone

Washington, D.C. 20515

HAND DELIVERED

Filer Status	X	Member of the U.S. House of Representatives	State SC District 4th	☐ Officer or Employee — Employing Office
Report Type	X	Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Estate of Olin D. Johnston, Jr.	Conservator Commission	$3,227.67
	Perrin, Perrin, Mann & Patterson (law firm) - spouse	Partnership draws	N/A
	LISTA (Title Insurance Agency) - spouse	Partnership draws	N/A

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Elizabeth Johnston Patterson

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	None			

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Reporting Individual's Name
Elizabeth Johnston Patterson

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year and value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

BLOCK A Asset and/or Income Source				BLOCK B Valuation of Asset									BLOCK C Income																Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional				Year End Value (X)								Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
				None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples.	S	ABC Corporation Stock			X								X								X								X
			George Wash. Credit Union Accounts				X									X								X						
			182 Main Street, Dover, Delaware					X							X								X							
	House and lot at 225 5th St., S.E., Washington, D.C.								X						X										X					
S	General Partners (law office bldg.) 200 Library St., Spartanburg, SC								X						X										X					
	Winn-Dixie Stores, Inc.									X				X											X					
S DC	Palmetto Bankshares, Inc.											X		X												X				
S	Trust A of Estate of D.F. Patterson, Sr							X											Inc. from est. Trust					X						
S	1/3 undivided interest in 237 acres in Laurens County, SC							X											Timber Sales		X									

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Elizabeth Johnston Patterson

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X). Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Accounts at the Palmetto Bank	DC JT				X									X								X						
The Seibels Bruce Group, Inc.	DC			X								X									X							
Eastman Kodak Company	DC			X								X								X								
The Coca-Cola Company	DC			X								X								X								
NBSC Corporation	S DC			X								X									X							
General Electric Company	DC			X								X									X							
Mobil Corporation	DC			X								X									X							
Shearson Lehman Brothers, Inc. (IRAs)	S				X									X									X					
Mary S. Patterson Estate	S					X												estate distrib.		X								
Merrill Lynch (Keogh Plan) *	S							X				X		X											X			
S.C. General Assembly Retirement					X													Payments at 59½	X									
Pride Pipeline Company Lease				X														Royalties	X									
½ interest vacant lot, Spartanburg, SC		X																none	X									
Real Estate Fund Investment Trust	S			X								X								X								
Home Improvements, Inc.	S			X								X							X									

*Self-Directed - See attached list of Securities/ "Schedule A"

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Elizabeth Johnston Patterson

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Barbara B. Patterson Promissory Note				X									X								X							

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Reporting Individual's Name: Elizabeth Johnston Patterson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	NBSC Corporation (distributed from estate)				11-4-91	X						
S	Home Improvements, Inc. (distributed from estate)				11-4-91	X						
S	Palmetto Bankshares, Inc.		X		8-9-91		X					
S	Barbara B. Patterson Promissory Note	X			3-18-91		X					
S	Palmetto Bankshares, Inc. (distributed from estate)				11-4-91						X	
S	Merrill Lynch Keogh Plan (See "Schedule B" attached)	X	X		4-15-91	X						
S	Palmetto Bankshares, Inc. (distributed from estate)				11-4-91		X					

Reporting Individual's Name
Elizabeth Johnston Patterson

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Associates Nation Mortgage Corporation Dallas, Texas	Mortgage on 225 5th St., S.E., Washington, D.C.				X			

Reporting Individual's Name
Elizabeth Johnston Patterson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
Chinese Peoples Institute of Foreign Affairs		Aug. 13-27	USIA-approved cultural exchange:DCA-China and return, meals, lodging, self and spouse	
American President Lines		Aug. 24-26	2-nights lodging and meals in Hong Kong, self and spouse	
S.C. Association of Counties		Aug. 9-12	3 days food & lodging at Hilton Head Island, SC/Self & Spouse	
U.S. Navy		Mar. 8-9	1 night lodging, Charleston, S.C. U.S. Cowpens Commissioning	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name: Elizabeth Johnston Patterson

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Trustee	Columbia College, Columbia, S.C.

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
[signature]	May 15, 1992

GPO 1991 50-267 (m)

TRUST DIVISION
34 PEACHTREE ST. N.W.
ATLANTA, GA. 30301

" Schedule A "

1STA

FIRST AMERICAN BANK HR10 & IRA --STATEMENT OF ASSETS-- 12/31/91 PAGE 1

ACCOUNT NUMBER 68-0123-04 TRUSTEE U/A DTD 1/1/68 FOR DWIGHT F PATTERSON P/U PERRIN PERRIN & NANN

ADM OFF - 013
INV OFF - 017

DESCRIPTION

-- BONDS --

W R GRACE & CO SUB LIO YLD OPT
ZERO CPN DUE 05/18/2006
HECLA MINING CO SUB LIO YLD OPT NT
ZERO CPN DUE 08/14/2004
RJR HLDGS CAP CORP SUB DISC DEB 15%
DUE 06/15/2001

-- COMMON STOCK --

CIGNA HIGH INCOME SH SBI
DURIRON INC
EXXON CORP
JOHNSON & JOHNSON
LANCE INC
MERCURY GENERAL CORP. NEW
MERRILL LYNCH DEVELOPING CAPITAL
MARKETS FUND
WL CORP BOND HIGH INC CL-B
ONE PRICE CLOTHING STORE INC
PALMETTO BANCSHARES INC
PUTNAM GTC EMERGING GROWTH FUND
SECTOR STRATEGY FUND
SYNALLOY CORP
TEMPLETON SMALLER COS. GROWTH FN INC
TUDOR PRIME FUND
URCARCO INC
WARNER LAMBERT CO

MEMBER F.D.I.C.

TRUST DIVISION
34 PEACHTREE ST N W
ATLANTA, GA 30361

"Schedule B"

1STA

FIRST AMERICAN BANK HR10 & IRA — TRANSACTIONS FOR PERIOD 01/01/91 - 12/31/91 — 12/31/91 — PAGE 1

ACCOUNT NUMBER 68-0123-04 — TRUSTEE U/A DTD 1/1/68 FOR DWIGHT F PATTERSON P/U PERRIN PERRIN & MANN — ADM OFF - 013

		INCOME	PRINCIPAL	INVESTMENTS
01/02/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.19
01/17/91	NEW ECONOMY FUND SBI 12/19/90 DIVD @ 18.78 REINVESTED 106.031 SHS			1,991.27
01/17/91	CLAYTON HOMES, INC. REC'D 12/20/90 250 SHS AS STK DIVD			
01/17/91	MERRILL LYNCH DEVELOPING CAPITAL MARKETS FUND 12/28/90 DIVD @ 9.24 REINVESTED 8.936 SHS			82.57
01/17/91	PUTNAM OTC EMERGING GROWTH FUND 12/26/90 DIVD @ 8.57 REINVESTED 83.836 SHS			548.83
01/17/91	CIGNA HIGH INCOME SH SBI 12/20/90 DIVD @ 3.98 REINVESTED 40.741 SHS			162.15
02/01/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.9
02/26/91	COMPANY CONTRIBUTION 12/31/90		8,494.58	
02/26/91	PYMT TO MERRILL LYNCH 718-03006		8,494.58-	
02/27/91	IMO INDS INC PURCHASED 02/11/91 1,000 SHS @ 13.625 P/SH THRU ML #718-03006			13,934.04
02/28/91	TELLABS INC SOLD 02/11/91 1,000 SHS @ 16 P/SH THRU ML #718-03006 W/P OF $15665.03			11,391.05-

TRUST DIVISION
50 PEACHTREE ST. N.W.
ATLANTA, GA 30101

"Schedule B"

1STA

FIRST AMERICAN BANK HR10 & IRA — TRANSACTIONS FOR PERIOD 01/01/91 - 12/31/91 — 12/31/91 — PAGE 2

ACCOUNT NUMBER 68-0123-04 — TRUSTEE U/A DTD 1/1/68 FOR DWIGHT F PATTERSON P/U PERRIN PERRIN & MANN — ADM OFF - 013

		INCOME	PRINCIPAL	INVESTMENTS
03/04/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.17
03/12/91	THE SECTOR STRATEGY FUND REV 12/6/90 ENTRY OF PURCHASE 11/5/90 50 SHS @ 100.00 P/SH			5,000.00-
03/12/91	WARNER LAMBERT CO REC'D 9/24/90 100 SHS AS STK DIVD			
03/12/91	NEW ECONOMY FUND SBI 6/90 REINVESTED 64.304 SHS @ 23 40			1,504 71
03/12/91	TEMPLETON SMALLER COS. GROWTH FN INC TO UPDATE SHS TO REFLECT BALANCE AS OF 12/31/90			
03/26/91	CLAYTON HOMES, INC. SOLD 03/06/91 50 SHS @ 17 25 P/SH THRU ML #718-03006 W/P OF $846 31			435.43-
03/26/91	CLAYTON HOMES, INC. SOLD 03/06/91 1,200 SHS @ 17 25 P/SH THRU ML #718-03006 W/P OF $20306.63			10,450.42-
03/26/91	SYNALLOY CORP SOLD 03/06/91 500 SHS @ 13 625 P/SH THRU ML #718-03006 W/P OF $6610.91			4,100.06-
04/01/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.17
04/25/91	HECLA MINING CO SUB LIQ YLD OPT NT ZERO CPN DUE 06/14/2004 PURCHASED 03/06/91 50,000 P V @ 29.875 P/PV THRU ML #718-03006			14,942.35
05/01/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.17

MEMBER F.D.I.C.

"Schedule B"

TRUST DIVISION
56 PEACHTREE ST. N.W.
ATLANTA, GA 30391

1st A

FIRST AMERICAN BANK HR10 & IRA — TRANSACTIONS FOR PERIOD 01/01/91 - 12/31/91 — 12/31/91 — PAGE 3

ACCOUNT NUMBER 68-0123-04 — TRUSTEE U/A DTD 1/1/88 FOR DWIGHT F PATTERSON P/U PERRIN PERRIN & MANN — ADM OFF - 013

		INCOME	PRINCIPAL	INVESTMENTS
05/02/91	CIGNA HIGH INCOME SH SBI 3/13/91 DIV @ 5.42 REINVESTED 31.487 SHS			170.66
05/02/91	CIGNA HIGH INCOME SH SBI 1/18 DIV. @ 4.20 REINVESTED 39.343 SHS			165.20
05/02/91	CIGNA HIGH INCOME SH SBI 2/22 DIV. @ 5.04 REINVESTED 33.376 SHS			168.15
05/15/91	NEW ECONOMY FUND SBI SOLD 05/01/91 .51 SHS @ 22 230 P/SH THRU ML #718-03006 W/P OF $11.35			8.78-
05/15/91	URCARCO INC PURCHASED 05/06/91 4,000 SHS @ 3 75 P/SH THRU ML #718-03006			15,476.70
06/04/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.17
06/24/91	NEW ECONOMY FUND SBI SOLD 04/22/91 1,559 SHS @ 22 54 P/SH THRU ML #718-03006 W/P OF $35135.01			26,852 70-
06/24/91	MERCURY GENERAL CORP. NEW SOLD 06/03/91 300 SHS @ 33 P/SH THRU ML #718-03006 W/P OF $9879.11			4,685.69-
06/24/91	INC INDS INC SOLD 04/23/91 100 SHS @ 14.625 P/SH THRU ML #718-03006 W/P OF $1430.94			1,393.40-
06/24/91	INC INDS INC SOLD 04/23/91 900 SHS @ 14.625 P/SH THRU ML #718-03006 W/P OF $12873.61			12,540.64-

MEMBER F.D.I.C.

"Schedule B"

TRUST DIVISION
34 PEACHTREE ST N W
ATLANTA, GA 1811

1STA

FIRST AMERICAN BANK HR10 & IRA — TRANSACTIONS FOR PERIOD 01/01/91 - 12/31/91 — 12/31/91 — PAGE 4

ACCOUNT NUMBER 68-0123-04 — TRUSTEE U/A DTD 1/1/68 FOR DWIGHT F PATTERSON P/J PERRIN PERRIN & MANN — ADM OFF - 013

		INCOME	PRINCIPAL	INVESTMENTS
06/27/91	CIGNA HIGH INCOME SH SBI 4/16 DIVD REINV 29.934 SHS @ 5.78			173.02
06/27/91	CIGNA HIGH INCOME SH SBI 5/22 DIVD REINV 28.428 SHS @ 6.165			175.26
07/01/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.16
07/24/91	CIGNA HIGH INCOME SH SBI 6/18 DIV. @ 6.09 REINVESTED 29.128 SHS			177.39
08/02/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.16
08/15/91	RJR HLDGS CAP CORP SUB DISC DEB 15% DUE 05/15/2001 PURCHASED 08/02/91 30,000 P V @ 76.50 PER PV THRU ML #718-03006			23,779.85
08/15/91	CIGNA HIGH INCOME SH SBI 7/12 DIV. @ 6.17 REINVESTED 29.105 SHS			179.58
08/29/91	PALMETTO BANCSHARES INC PURCHASED 08/09/91 1,630 SHS @ 25.75 P/SH THRU ML #718-03006			42,140.35
09/04/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.17
09/09/91	TEMPLETON GLOBAL INCOME FUND INC. SOLD 08/12/91 2,000 SHS @ 8.25 P/SH THRU ML #718-03006 W/P OF $16106.92			16,114.15-
10/01/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.15

MEMBER F.D.I.C.

TRUST DIVISION
10 PEACHTREE ST. N.E.
ATLANTA, GA 30303

"Schedule B"

1STFA

FIRST AMERICAN BANK HR10 & IRA — TRANSACTIONS FOR PERIOD 01/01/91 - 12/31/91 — 12/31/91 — PAGE 5

ACCOUNT NUMBER 68-0123-04 — TRUSTEE U/A DTD 1/1/68 FOR DWIGHT F PATTERSON P/U PERRIN PERRIN & MANN — ADM OFF - 013

		INCOME	PRINCIPAL	INVESTMENTS
10/02/91	H & Q HEALTH CARE FUND SBI SOLD 09/20/91 1,500 SHS @ 19.375 P/SH THRU ML #718-03006 W/P OF $2858.67			18.520.80-
10/02/91	ML CORP BOND HIGH INC CL-B PURCHASED 09/20/91 2,845 SHS @ 7 03 P/SH THRU ML #718-03006			20.005.20
10/02/91	MERCURY GENERAL CORP. NEW PURCHASED 09/20/91 300 SHS @ 30 P/SH THRU ML #718-03006			9.209.08
10/11/91	MERRILL LYNCH DEVELOPING CAPITAL MARKETS FUND 8/13/91 DIV. REINVESTED 14.607 SHS @ 10.78			157.46
10/11/91	CIGNA HIGH INCOME SH SBI 8/15/91 DIV REINVESTED 28.988 SHS @ 6.27			181.76
11/01/91	CIGNA HIGH INCOME SH SBI 9/23 DIVD REINV 28.607 SHS @ 6.43			183.94
11/04/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.16
11/26/91	ML CORP BOND HIGH INC CL-B 10/1 DIV @ 7.02 REINVESTED 5.182 SHS			36.38
11/26/91	CIGNA HIGH INCOME SH SBI 10/17 DIV @ 6.54 REINVESTED 28.453 SHS			186.08
11/28/91	TEMPLETON SMALLER COS. GROWTH FN INC 10/22 DIV @ 7.43 REINVESTED 206.367 SHS			1.533.31
12/02/91	FIRST AMERICAN BANK MONEY MARKET ACCOUNT INTEREST REINVESTED			.15

"Schedule B"

TRUST DIVISION
50 PEACHTREE ST. N.W.
ATLANTA, GA 30303

1STA

FIRST AMERICAN BANK HR10 & IRA — TRANSACTIONS FOR PERIOD 01/01/91 - 12/31/91 — 12/31/91 — PAGE 6

ACCOUNT NUMBER 68-0123-04 — TRUSTEE U/A DTD 1/1/68 FOR DWIGHT F PATTERSON P/U PERRIN PERRIN & MANN — ADM OFF - 013

		INCOME	PRINCIPAL	INVESTMENTS
12/19/91	CIGNA HIGH INCOME SH SBI 11/22/91 DIV REINVESTED 27.3298 SHS @ 6.887			188.22
12/24/91	ML CORP BOND HIGH INC CL-B 11/1/91 DIV REINVESTED 27.029 SHS @ 7.19			194.34
12/31/91	W R GRACE & CO SUB LIQ YLD OPT ZERO CPN DUE 05/16/2006 BGT 5/16/91 50.000 SHS @ 30.832			15,416.00

MEMBER F.D.I.C.

LIZ PATTERSON
4TH DISTRICT, SOUTH CAROLINA
230 CANNON BUILDING
202 225 6030

HAND DELIVERED

92 ... 29 11:12

Congress of the United States
House of Representatives
Washington, DC 20515-4004

COMMITTEES
BANKING, FINANCE AND URBAN AFFAIRS
SUBCOMMITTEES
ECONOMIC STABILIZATION
FINANCIAL INSTITUTIONS SUPERVISION, REGULATION AND INSURANCE
HOUSING AND COMMUNITY DEVELOPMENT
VETERANS' AFFAIRS
SUBCOMMITTEE
HOSPITALS AND HEALTH CARE
EDUCATION, TRAINING AND EMPLOYMENT
SELECT COMMITTEE ON HUNGER

May 29, 1992

2

MC

The Honorable Louis Stokes
House Committee on Standards
HT-2 U.S. Capitol
Washington, D.C. 20515

Dear Mr. Chairman:

Thank you for contacting me to request additional information for the Financial Disclosure Statement filed on May 15, 1992.

Per your request, I have amended Part IV - Transactions of the 1991 Financial Disclosure Form to account for the Real Estate Fund Investment Trust. As you note, this item was listed under assets in this year's form. It was inadvertenly left off the Transactions list.

Should you need further information on this matter, feel free to contact me.

Cordially,

Liz Patterson

Elizabeth J. Patterson
Member of Congress

EJP:chc

Reporting Individual's Name

Elizabeth Johnston Patterson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	NBSC Corporation (distributed from estate)				11-4-91	X						
S	Home Improvements, Inc. (distributed from estate)				11-4-91	X						
S	Palmetto Bankshares, Inc.		X		8-9-91		X					
S	Barbara B. Patterson Promissory Note	X			3-18-91		X					
S	Palmetto Bankshares, Inc. (distributed from estate)				11-4-91						X	
S	Merrill Lynch Keogh Plan (See "Schedule B" attached)	X	X		4-15-91	X						
S	Palmetto Bankshares, Inc. (distributed from estate)				11-4-91		X					
S	Real Estate Fund Investment Trust (distributed from estate)				11-4-91	X						

(18)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Bill Paxon
(Full Name)

251 Wedgewood Drive
(Mailing Address)

Telephone: 716/689-8411

Filer Status	X	Member of the U.S. House of Representatives	State: New York District: 31		Officer or Employee: Employing Office
Report Type	X	Annual (May 15)		Amendment	Termination: Termination Date

RAND PR

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(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives (VOLUNTARILY DISCLOSED)	Salary	$125,100

For payments to charity in lieu of honoraria, use next page

3124

Reporting Individual's Name
Bill Paxon

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year-end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

			BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) – None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) – DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) – None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S, DC, JT	Examples	S	ABC Corporation Stock			X								X								X									X
			George Wash. Credit Union Accounts				X									X									X						
			182 Main Street, Dover, Delaware					X						X										X							
	Thrift Savings Retirement Plan (VOLUNTARILY DISCLOSED $29,211.35)						X												Gov't/Equity Securities						X						
	M&T Mortgage Escrow Account (VOLUNTARILY DISCLOSED $2,584)					X										X						X									
	1987 Pontiac 6000 (VOLUNTARILY DISCLOSED $4,500)					X															X										
	Personal Residence 251 Wedgewood Drive, Williamsville, NY								X												X										
	(VOLUNTARILY DISCLOSED EST. VALUE $150,000)																														

For additional assets and unearned income, use next page

3125

Reporting Individual's Name: Bill Paxon

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 - over
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Bill Paxon

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	M&T Bank, Buffalo, New York (VOLUNTARILY DISCLOSED RESIDENCE $124,516)	Mortgage on 251 Wedgewood Drive Williamsville, New York				X			
	Bank of Akron, Akron, New York (VOLUNTARILY DISCLOSED $6,900)	Personal Loan							

Reporting Individual's Name
Bill Paxon

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note. House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions. Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Fluor Daniel Inc.	Mar. 13-17, 1991	Fact finding trip from Washington, D.C. to Kuwait and return (VOLUNTARILY DISCLOSED $2,724)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name: Bill Paxon

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Trustee	St. Joseph's Collegiate Institute, Buffalo, New York (Term Expired May 2, 1991)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bill Paxon

DATE (Month, Day, Year): March 13, 1992

GPO : 1991 : 50-267 (m)

7 15879 0300 CX 91.1

Form **1040** Department of the Treasury-Internal Revenue Service
U.S. Individual Income Tax Return 1991

For the year January-December 31, 1991, or other tax year beginning 1991, ending 19 OMB No 1545-0074

Your first name and initial: L WTT.T.TAM — Last name: PAXON — Your social security number: ******

If a joint return, spouse's first name and initial: — Last name: — Spouse's social security no

Home address: SC 115-46-3307 S08 10 — Apt no: 342

City, town or post office, state, and ZIP code: L WILLIAM PAXON 251 WEDGEWOOD WILLIAMSVILLE NY 14221 — R $

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

WILLIAMSVILLE NEW YORK 14221

Presidential Election Campaign (PAXO) Do you want $1 to go to this fund? X Yes No — If joint return, does your spouse want $1 to go to this fund? Yes No

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (Check only one box)

1 X Single
2 Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's social security number above and full name here ▶
4 Head of household (with qualifying person) (See page 12) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 Qualifying widow(er) with dependent child (year spouse died ▶ 19) (See page 12)

Exemptions (See page 12)

6a X Yourself (If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2) — No. of boxes checked on 6a and 6b: 1

b Spouse

c Dependents

(1) Name (first, initial, and last name)	(2) Check if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of months lived in your home in 1991

If more than six dependents, see page 13.

No. of your children on 6c who: ● lived with you; ● didn't live with you due to divorce or separation (see page 14)

No. of other dependents on 6c

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶

Add numbers entered on lines above ▶ 1

e Total number of exemptions claimed

Income (Attach Copy B of your Forms W-2, W-2G, and 1099-R here. If you did not get a W-2, see page 9. Attach check or money order on top of any Forms W-2, W-2G, or 1099-R.)

7	Wages, salaries, tips, etc. (Attach Form(s) W-2)		7 114,252.
8a	Taxable interest income (also attach Schedule B if over $400)		8a 51.
b	Tax-exempt interest income (see pg. 16) DON'T include on line 8a	8b	
9	Dividend income (also attach Schedule B if over $400)		9
10	Taxable refunds of state and local income taxes, if any, from worksheet on page 16		10 730.
11	Alimony received		11
12	Business income or (loss) (attach Schedule C)		12
13	Capital gain or (loss) (attach Schedule D)		13
14	Capital gain distributions not reported on line 13 (see page 17)		14
15	Other gains or (losses) (attach Form 4797)		15
16a	Total IRA distributions — 16a	16b Taxable amount	16b
17a	Total pensions and annuities — 17a	17b Taxable amount	17b
18	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)		18
19	Farm income or (loss) (attach Schedule F)		19
20	Unemployment compensation (insurance) (see page 18)		20
21a	Social security benefits — 21a	21b Taxable amount	21b
22	Other income (list type and amount)		22
23	Add the amounts shown in the far right column for lines 7 through 22. This is your **total income** ▶		23 115,033.

Adjustments to Income (See page 19)

24a	Your IRA deduction from applicable worksheet on page 20 or 21	24a	
b	Spouse's IRA deduction from applicable worksheet on page 20 or 21	24b	
25	One-half of self-employment tax (see page 21)	25	
26	Self-employed health insurance deduction from worksheet on pg. 22	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 24a through 29 ▶		30

Adjusted Gross Income

31 Subtract line 30 from line 23. This is your **adjusted gross income**. If this amount is less than $21,250 and a child lived with you, see page 45 to find out if you can claim the Earned Income Credit on line 56. ▶ 31 115,033.

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3 16d79 03w0

L. WILLIAM PAXON 115-46-3307

Form 1040 (1991) Page 2

Tax Computation

32	Amount from line 31 (adjusted gross income)	32 115,033.
33a	Check if: ___ You were 65 or older ___ Blind ___ Spouse was 65 or older ___ Blind. Add the number of boxes checked above and enter the total here ▶ 33a	
b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b	
c	If you are married filing a separate return and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here ▶ 33c	
34	Enter the larger of your: • Itemized deductions (from Schedule A, line 29) OR • Standard deduction (shown below for your filing status). Caution: If you checked any box on line 33a or 33b or someone can claim you as a dependent, see page 23 to find your standard deduction. • Single — $3,600 • Head of household — $5,250 • Married filing jointly or Qualifying widow(er) — $5,700 • Married filing separately — $3,050	34 31,102.
35	Subtract line 34 from line 32	35 83,931.
36	If line 32 is $75,000 or less, multiply $2,150 by the total number of exemptions claimed on line 6e. If line 32 is over $75,000, see page 24 for the amount to enter.	36 1,849.
37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37 82,082.
38	Enter tax: a Check if from ___ Tax Table; b X Tax Rate Schedules; c ___ Schedule D; or d ___ Form 8615 (see page 24). Amount, if any, from Forms 8814 ▶ e	38 21,321.
39	Additional taxes (see page 24). Check if from a ___ Form 4970; b ___ Form 4972	39
40	Add lines 38 and 39 ▶	40 21,321.

Credits (see page 25)

41	Credit for child and dependent care expenses (attach Form 2441)	41	
42	Credit for the elderly or the disabled (attach Schedule R)	42	
43	Foreign tax credit (attach Form 1116)	43	
44	Other credits: a ___ Form 3800; b ___ Form 8801; c ___ Form 8396; d ___ Form 8834; e ___ Form 8907; f ___ Form ___	44	
45	Add lines 41 through 44		45
46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶		46 21,321.

Other Taxes

47	Self-employment tax (attach Schedule SE)	47
48	Alternative minimum tax (attach Form 6251)	48
49	Recapture taxes (see page 26). Check if from a ___ Form 4255; b ___ Form 8611; c ___ Form 8828	49
50	Social security and Medicare tax on tip income not reported to employer (attach Form 4137)	50
51	Tax on IRA or a qualified retirement plan (attach Form 5329)	51
52	Advance earned income credit payments from Form W-2	52
53	Add lines 46 through 52. This is your **total tax** ▶	53 21,321.

Payments

54	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ___	54 23,575.	
55	1991 estimated tax payments and amount applied from 1990 return	55	
56	Earned income credit (attach Schedule EIC)	56	
57	Amount paid with Form 4868 (extension request)	57	
58	Excess social security, Medicare, and RRTA tax withheld (see page 27)	58	
59	Other payments (see page 27). Check if: a ___ Form 2439; b ___ Form 4136	59	
60	Add lines 54 through 59. These are your **total payments** ▶		60 23,575.

Attach Copy B of Forms W-2, W-2G, and 1099-R to front.

Refund or Amount You Owe

61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶	61 2,254.
62	Amount of line 61 to be **REFUNDED TO YOU** ▶	62 2,254.
63	Amount of line 61 to be **APPLIED TO YOUR 1992 ESTIMATED TAX** ▶ 63	
64	If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE**. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1991 Form 1040" on it.	64
65	Estimated tax penalty (see page 28). Also include on line 64 ▶ 65	

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature: [signature] Date: 3-7-92 Your occupation: CONGRESSMAN

Spouse's signature (if joint return, BOTH must sign) Date: Spouse's occupation:

Paid Preparer's Use Only

Preparer's signature: [signature] Date: 03/06/92 Check if self-employed ___ Preparer's social security no.: 108-34-5209

Firm's name (or yours if self-employed) and address: Campbell, Bolas and Associates, 10535 Main Street P.O. Box Y, Clarence, New York

E.I. No. 16-1047035

ZIP code 14031

SCHEDULES A&B (Form 1040)
Department of the Treasury
Internal Revenue Service

Schedule A – Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074
1991
Attachment Sequence No. **07**

Name(s) shown on Form 1040: L. WILLIAM PAXON

Your social security number: 115-46-3307

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (See page 38.) *	1	328.	
	2	Enter amount from Form 1040, line 32	2 115,033.		
	3	Multiply line 2 above by 7.5% (.075)		3 8,627.	
	4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0-			▶ 4 0.
Taxes You Paid (See page 38.)	5	State and local income taxes		5 7,374.	
	6	Real estate taxes		6 3,911.	
	7	Other taxes. (List – include personal property taxes.) ▶		7	
	8	Add lines 5 through 7. Enter the total			▶ 8 11,285.
Interest You Paid (See page 39.)	9a	Home mortgage interest and points reported to you on Form 1098		9a 14,203.	
	b	Home mortgage interest not reported to you on Form 1098. (If paid to an individual, show that person's name and address.) ▶		9b	
Note: Personal interest is no longer deductible.	10	Points not reported to you on Form 1098. (See instructions for special rules.)		10	
	11	Investment interest (attach Form 4952 if required). (See page 40.)		11	
	12	Add lines 9a through 11. Enter the total			▶ 12 14,203.
Gifts to Charity (See page 40.)		**Caution:** If you made a charitable contribution and received a benefit in return, see page 40.			
	13	Contributions by cash or check		13 3,545.	
	14	Other than cash or check. (You **MUST** attach Form 8283 if over $500.) Sch #2		14 230.	
	15	Carryover from prior year		15	
	16	Add lines 13 through 15. Enter the total			▶ 16 3,775.
Casualty and Theft Losses	17	Casualty or theft loss(es) (attach Form 4684). (See page 40.)			▶ 17
Moving Expenses	18	Moving expenses (attach Form 3903 or 3903F). (See page 41.)			▶ 18
Job Expenses and Most Other Miscellaneous Deductions (See page 41 for expenses to deduct here.)	19	Unreimbursed employee expenses – job travel, union dues, job education, etc. (You **MUST** attach Form 2106 if required. See instructions.) ▶		19	
	20	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount. ▶ See Schedule #3		20 4,591.	
	21	Add lines 19 and 20		21 4,591.	
	22	Enter amount from Form 1040, line 32	22 115,033.		
	23	Multiply line 22 above by 2% (.02)		23 2,301.	
	24	Subtract line 23 from line 21. Enter the result. If less than zero, enter -0-			▶ 24 2,290.
Other Miscellaneous Deductions	25	Other (from list on page 41 of instructions). List type and amount. ▶			▶ 25
Total Itemized Deductions	26	• If the amount on Form 1040, line 32, is $100,000 or less ($50,000 or less if married filing separately), add lines 4, 8, 12, 16, 17, 18, 24, and 25. Enter the total here. • If the amount on Form 1040, line 32, is more than $100,000 (more than $50,000 if married filing separately), see page 42 for the amount to enter. **Caution:** *Be sure to enter on Form 1040, line 34, the* **LARGER** *of the amount on line 26 above or your standard deduction.*			▶ 26 31,102. Limited by AGI

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 1991

11785

* See Schedule #1

10

L. WILLIAM PAXON SSN: 115-46-3307 Page 1

SCHEDULE 1 - Medical and Dental Expenses

Description	Amount
Medical Insurance Premiums	328
	328

SCHEDULE 2 - Contributions Other Than Cash

Description	Amount
USED CLOTHING	230
	230

SCHEDULE 3 - Other Expenses Subject to 2% Limit

Description	Amount
Tax Return Preparation Fee	50
MEALS & LODGING WHILE IN DC	3,000
TRAVEL & PROMOTION	777
SUBSCRIPTIONS & SUPPLIES	621
DRUG TEST PROGRAM	143
	4,591

1 Control number

OMB No 1545-0008

2 Employer's name, address, and ZIP code
SERGEANT AT ARMS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON DC 20515

6 Statutory employee | Deceased | Pension plan X | Legal rep | 942 emp | Subtotal | Deferred compensation X | Void

7 Allocated tips .00

8 Advance EIC payment .00

9 Federal income tax withheld 23574.60

10 Wages, tips, other compensation 114252.00

3 Employer's identification number 53-6002522

4 Employer's state I.D. number 536002522

11 Social security tax withheld 3310.80

12 Social security wages 53400.00

5 Employee's social security number

13 Social security tips .00

14 Medicare wages and tips 122725.00

19 Employee's name, address, and ZIP code
BILL PAXON

15 Medicare tax withheld 1779.49

16 Nonqualified plans .00

17 See Instrs. for Box 17
D 8473.00
.00
.00

18 Other
.00
.00
.00

20

21

22 Dependent care benefits .00

23 Benefits included in Box 10 .00

24 State income tax 7374.28

25 State wages, tips, etc. 114252.00

26 Name of state NY

27 Local income tax .00

28 Local wages, tips, etc. .00

29 Name of locality

Copy B To Be Filed With Employee's FEDERAL Tax Return

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

This information is being furnished to the Internal Revenue Service

15879 0306 CX 9..1

New York State Department of Taxation and Finance

1991

Resident Income Tax Return

New York State • City of New York • City of Yonkers

IT-201

For the year Jan. 1—Dec. 31, 1991, or fiscal tax year beginning 1991, ending , 19

Your last name | First name and middle initial (if joint return, enter both names) | Your social security number

Attach label or type

CAR-RT SORT ○○ CR23
ERIE H 000054
SD 706
115-46-3307 3
PAXON-L WILLIAM
251-WEDGEWOOD
WILLIAMSVILLE NY 14221

For office use only

Spouse's social security number

NY State county of residence: ERIE

If the space below prints or types your permanent home address with a New York State address that is not the same as your mailing address above, see instructions, page 20:

School district name: WILLIAMSVILLE

Permanent home address (number and street or rural route) | Apartment number | School district code number: 706

City, village or post office | State: NY | ZIP code | If taxpayer is deceased, enter first name and date of death

(A) Filing status—check one box. Attach copy 2 of wage and tax statements here.

- (1) X Single
- (2) Married filing joint return (enter spouse's social security number above)
- (3) Married filing separate return (enter spouse's social security number above)
- (4) Head of household (with qualifying person)
- (5) Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 1991 federal income tax return? Yes [X] No [ ]

(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes [ ] No [X]

(D) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box [X]

(E) Enter the number of exemptions claimed from your federal return, line 6e [1]

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 10)

Federal Income and Adjustments

1	Wages, salaries, tips, etc	1	114,252.
2	Taxable interest income	2	51.
3	Dividend income	3	
4	Taxable refunds of state and local income taxes (also enter on line 24 below)	4	730.
5	Alimony received	5	
6	Business income or (loss) (attach copy of federal Schedule C, Form 1040)	6	
7	Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7	
8	Capital gain distributions not reported on line 7	8	
9	Other gains or (losses) (attach copy of federal Form 4797)	9	
10	Taxable amount of IRA distributions	10	
11	Taxable amount of pensions and annuities	11	
12	Rents, royalties, partnerships, estates, trusts, etc (attach copy of federal Schedule E, Form 1040)	12	
13	Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	13	
14	Unemployment compensation (insurance)	14	
15	Taxable amount of social security benefits (also enter on line 25 below)	15	
16	Other income (see instructions, page 10) Identify	16	
17	Add lines 1 through 16	17	115,033.
18	Total federal adjustments to income (see instructions, page 11) Identify	18	
19	**Subtract line 18 from line 17. This is your federal adjusted gross income**	19	115,033.

Attach check or money order

New York Adjusted Gross Income

New York Additions (see instructions, page 11)

20	Interest income on state and local bonds (but not those of New York State and local governments within the State)	20	
21	Public employee 414(h) retirement contributions (see instructions, page 11)	21	
22	Other (see instructions, page 11) Identify	22	
23	Add lines 19 through 22	23	115,033.

New York Subtractions (see instructions, page 12)

24	Taxable refunds of state and local income taxes (from line 4 above)	24	730.
25	Taxable amount of social security benefits (from line 15 above)	25	
26	Interest income on U.S. government bonds	26	
27	Pension and annuity income exclusion	27	
28	Other (see instructions, page 12) Identify	28	
29	Add lines 24 through 28	29	730.
30	**Subtract line 29 from line 23. This is your New York adjusted gross income.** (If you claimed the standard deduction on your federal return, skip lines 31 through 45, and enter the line 30 amount on line 46, on page 2.)	30	114,303.

2 15879 0000

PAXON, L. WILLIAM 115-46-3307

IT-201 (1991) Page 2: If you itemized your deductions on Federal Form 1040, fill in lines 31 through 45 and continue on line 46

Tax Computation	31	Medical and dental expenses (from federal Schedule A, line 4)	31		
	32	Taxes you paid (from federal Schedule A, line 9)	32	11,285.	
	33	Interest you paid (from federal Schedule A, line 12)	33	14,203.	
	34	Gifts to charity (from federal Schedule A, line 15)	34	3,775.	
	35	Casualty and theft losses (from federal Schedule A, line 17)	35		
	36	Moving expenses (from federal Schedule A, line 19)	36		
	37	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 24)	37	2,290.	
	38	Other miscellaneous deductions (from federal Schedule A, line 25)	38		
	39	Total itemized deductions (from federal Schedule A, line 26) Less Phasecut	39	31,102.	
	40	State, local and foreign income taxes and other subtraction adjustments (see instructions, page 7)	40	7,374.	
	41	Subtract line 40 from line 39	41	23,728.	
	42	Addition adjustments (see instructions, page 7)	42		
	43	Add lines 41 and 42	43	23,728.	
	44	Itemized deduction adjustment (if line 30 is more than $100,000, see instructions, page 15; all others enter -0- on line 44)	44	1,697.	
	45	Subtract line 44 from line 43. This is your itemized deduction	45	22,031.	
	46	Enter the amount from line 30 on page 1. This is your New York adjusted gross income			46 114,303.
	47	Check appropriate box and enter the larger of: ___ your standard deduction from instructions, page 15; or X your itemized deduction from line 45			47 22,031.
	48	Subtract line 47 from line 46			48 92,272.
	49	Dependent exemptions (from line 6 of Dependent Exemption Worksheet, instructions, page 15)			49 .00
	50	Subtract line 49 from line 48. This is your taxable income			50 92,272.
	51	New York State tax on line 50 amount (if line 46 above is $100,000 or less, use the NY State Tax Table on yellow pages 29 through 36; if line 46 is more than $100,000 you must complete the Tax Computation Worksheet 1 or 2 on page 18 to figure your tax. See instructions, page 16)			51 7,011.
Credits/Other Taxes/Gift Totals	52	NY State child and dependent care credit (● enter 20% of qualifying expenses ___ ; ● enter amount of federal credit for child and dependent care ___)	52		Mail your completed return to: NYS Income Tax, A.G. Harriman Campus, Albany, NY 12227-0015
	53	New York State household credit (from Table, page 17; or IT-214, instructions, page 16)	53	0.	
	54	Other New York State credits (from Form IT-201-ATT, line 7, attach forms)	54		
	55	Add lines 52, 53 and 54			55
	56	Subtract line 55 from line 51 (if line 55 is more than line 51, enter -0-)			56 7,011.
	57	Other New York State taxes (from Form IT-201-ATT, line 16, attach forms)			57
	58	Add lines 56 and 57. This is the total of your New York State taxes			58 7,011.
	59	City of New York resident tax: use City of NY Tax Table (on white pages 37-42)	59		See instructions for figuring city of New York taxes and city of Yonkers taxes
	60	City of NY household credit (from Table, page 17; or IT-214, page 16)	60		
	61	Subtract line 60 from line 59 (if line 60 is more than line 59, enter -0-)	61	0.	
	62	City of New York nonresident earnings tax (attach Form NYC-203)	62		
	63	Other city of New York taxes (from Form IT-201-ATT, line 21, attach forms)	63		
	64	City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 18)	64		
	65	City of Yonkers nonresident earnings tax (attach Form Y-203)	65		
	66	Partnerships: City of Yonkers resident income tax surcharge (attach Form IT-360.1)	66		
	67	Add lines 61 through 66. This is the total of your city of New York and city of Yonkers taxes			67
	68	If you want to Return a Gift to Wildlife, enter amount: $5, $10, $20, other (see instructions, pages 9 and 18)			68 .00
	69	Add lines 58, 67 and 68. This is the total of your New York State, City of New York and City of Yonkers taxes and Gift to Wildlife			69 7,011.
Payments	70	Real property tax credit (from Form IT-214, line 17, attach forms)	70		● Attach Copy 2 of your wage and tax statements to page 1 of this return.
	71	Total New York State tax withheld (attach wage and tax statements to page 1)	71	7,374.	
	72	Total city of New York tax withheld (attach wage and tax statements to page 1)	72		● Sign your return below
	73	Total city of Yonkers tax withheld (attach wage and tax statements to page 1)	73		
	74	Estimated tax paid/Amount paid with Form IT-370	74		
	75	Add lines 70 through 74. This is the total of your payments			75 7,374.
Refund/Owe	76	If line 75 is more than line 69, subtract line 69 from line 75 and enter amount overpaid (also complete line 77)			76 363.
	77	Amount of line 76 to be refunded to you			77 363.
	78	Amount of line 76 to be applied to your 1992 estimated tax	78		
	79	If line 75 is less than line 69, subtract line 75 from line 69 and enter amount you owe (also complete line 77) Check or money order payable to NY State Income Tax, write your Social Security number and "1991 Income Tax" on it			79
	80	Estimated tax penalty (see instructions, page 19)	80		

Paid Preparer's Use Only	Preparer's signature: [signature]	Date 03/06/92	Check if self-employed ☐	Your signature	Date
	Firm's name (or yours if self-employed) and address: Campbell, Bolas and Associates, 10535 Main Street P.O. Box Y, Clarence, New York 14031		Preparer's SS number 108-34-5209	Sign Your Return	3/7/92
			E.I. number 16-1047035	Spouse's signature (if joint return)	Date

1 Control number

OMB No 1545-0008

2 Employer's name, address, and ZIP code
SERGEANT AT ARMS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON DC 20515

6 Statutory employee | Deceased | Pension plan X | Legal rep. | 942 emp | Subtotal | Deferred compensation | Void

7 Allocated tips .00

8 Advance EIC payment .00

9 Federal income tax withheld 23574.57

10 Wages, tips, other compensation 114252.00

3 Employer's identification number 53-0005322

4 Employer's state ID number 536002322

11 Social security tax withheld 3310.80

12 Social security wages 53400.00

5 Employee's social security number

13 Social security tips .00

14 Medicare wages and tips 122726.00

19 Employee's name, address, and ZIP code
BILL PAXON

15 Medicare tax withheld 1779.43

16 Nonqualified plans .00

17
D 3473.00
.00
.00

18 Other
.00
.00
.00

20

21

22 Dependent care benefits .00

23 Benefits included in Box 10 .00

24 State income tax 7374.26

25 State wages, tips, etc. 114252.00

26 Name of state NY

27 Local income tax .00

28 Local wages, tips, etc .00

29 Name of locality

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement 1991**

Employee's and employer's copy compared ☐

DRUG INTERVENTION SERVICES OF AMERICA
11200 WESTHEIMER, SUITE 630
HOUSTON, TEXAS 77042

NEGATIVE TEST RESULTS
EMPLOYEES SUBJECT TO DRUG TESTING
SOLELY UNDER CONGRESSMAN BILL PAXON (WASHINGTON) POLICY

CONGRESSMAN BILL PAXON (WASHINGTON)
POLICY/CONTRACT NO. 00062-000

Donor's Name: BILL PAXON

Donor's Social Security #:

Specimen Collection Date: 10/23/91

Specimen Collection Facility: SBCL-OWINGS MILLS/MD042
11425 CRON HILL ROAD
OWINGS MILLS, MD 21117-

Analyzing Laboratory: SBCL - PHILADELPHIA (NIDA)/KP
400 EGYPT ROAD
NORRISTOWN, PA 19403-

C.O.C./Lab Control #: 2731580

Type of Test: RANDOM 00654

Test Result: Negative

00062-000-0016749-0002

TRANS UNION

OPER NO.	BATCH NO	CPT	APP TYPE	DATE MAILED
	1	64	114	

TRADE CLEARED	EMPLOYMENT VERIFIED	INCOME VERIFIED

PCR	MARKET SUB	IN FILE SINCE	DATE	TIME
11 CWLE2EW	1 BU	8 06	12 06 71	1:14

REPORT ON
[illegible], L WILLIAM

SSN

BIRTH DATE

TELEPHONE

CURRENT ADDRESS
[illegible] MAIN ST., #END,WILLIAMSVILLE N. 14221

DATE REPORTED
[illegible]

SPOUSE'S NAME SSN

FORMER ADDRESS
[illegible] FOR 1447, #END,WILLIAMSVILLE NY. 14221
[illegible] 351 WEDGEWOOD DR., BUFFALO NY. 14221

CURRENT EMPLOYER AND ADDRESS

POSITION INCOME

EMP. DATE

DATE VERIF

FORMER EMPLOYER AND ADDRESS

SPOUSE'S EMPLOYER AND ADDRESS

SUBSCRIBER NAME	SUBSCRIBER CODE	DATE OPENED	HIGH CREDIT	DATE VERIFIED	PRESENT STATUS: BALANCE OWING	PRESENT STATUS: AMOUNT PAST DUE	PAYMENT PATTERN: 1-12 MONTHS	PAYMENT PATTERN: 13-24 MONTHS
ACCOUNT NUMBER	TERMS		CREDIT LIMIT	DATE CLOSED	MAXIMUM DELINQUENCY DATE	AMOUNT	MOP	
ECOA	COLLATERAL			REMARKS	TYPE LOAN			
AMERICAN EXP N	E5EN001	3 72	$757	11 71A	$157	$0	1.....	
							11.....	
							4E	
AMERICAN EXP N	E5EN001	5 73	$1300	11 71A	$840	$0	111.....	
							1111111	
							4E	
CITIBANK MC	B 64DB002	11 69	$1700	10 71A	$652	$0	1..111111111	
		MINOR	$1700					
					CREDIT CARD		1E	
BK OF AARON	B 8422001	11 70	$12,6	10 71A	$7454	$0	11A1111.1	
		24M575						
					UNSECURED		1E	
M L T MTGES	B 3707002	5 67	$1267	10 71A	$1240	$0	1.1.1111111	
		360M1214					111111111A11	
					REAL ESTATE		6T	
HOFFMANNE	D 0251002	5 71	$843	3 71A	$0	$0	1	
			$1200	3 71F				
BK OF AARON	B 8422001	12 67	$4000	11 70A	$0	$0	1.1....	
		24M142		11/70F				
					UNSECURED			

FORM 1020 9-71

CRONUS® CREDIT REPORTING ON-LINE NETWORK UTILITY SYSTEM

TRANS UNION

OPER NO	BATCH NO	OPT	APP TYPE	DATE ANALZD
	1	04	114	
TRADE CLEARED	EMPLOYMENT VERIFIED	INCOME VERIFIED		

FOR: . CWLESS

MARKET AUB | FILE SINCE | DATE | HEIGHT

REFERENCE: [illegible] WILLIAM L

SSN | BIRTH DATE

TELEPHONE

CURRENT ADDRESS: 211 WEDGEWOOD DR., WILLIAMSVILLE NY. 14221 | DATE REPORTED

SPOUSE'S NAME SSN

FORMER ADDRESS: 5500 MAIN ST., BUFFALO NY. 14221 | [illegible]

CURRENT EMPLOYER AND ADDRESS | POSITION/INCOME | EMPL DATE

FORMER EMPLOYER AND ADDRESS

SPOUSE'S EMPLOYER AND ADDRESS

SUBSCRIBER NAME	SUBSCRIBER CODE	DATE OPENED	HIGH CREDIT	DATE VERIFIED	PRESENT STATUS: BALANCE OWING	PRESENT STATUS: AMOUNT PAST DUE	PAYMENT PATTERN: 12 MONTHS	ACCT. TYPE
ACCOUNT NUMBER	TERMS	CREDIT LIMIT	DATE CLOSED	MAXIMUM DELINQUENCIES: DATE	AMOUNT	WORST	24 MONTHS	
FOR:	COLLATERAL		REMARKS	TYPE LOAN				

[illegible] BANK [illegible] 15[illegible]0[illegible]E 8/87 MINIM $1500 11/91A $75 $0 1[illegible]

NORDSTROM [illegible] 270[illegible]0[illegible]E 1[illegible]/8[illegible] $[illegible]5 1/91A $[illegible]5 $[illegible] 1[illegible]

INQUIRIES

DATE	ECOH	SUBCODE	SUBNAME	TYPE	AMT
12 3 91	I	CWLS250	CONSUM DISCL		
11 27 91	I	CPH5250(EHS)	CONSUM DISCL		
1[illegible] 15 91	I	CNY733(EHS)	CR BR FT CHE		

END OF CREDIT REPORT

REPORT SERVICED BY:
FALSBRATH CREDIT BUREAU OF UPSTATE NEW YORK
[illegible] OAK STREET
SYRACUSE, N.Y. 13203
(315) 434-[illegible]

POSSIBLE ADDITIONAL CONSUMER FILE(S) TO FOLLOW

FORM 2000 9/91 **CRONUS®** CREDIT REPORTING ON-LINE NETWORK UTILITY SYSTEM

TRANS UNION

OPER NO	BATCH NO	DAY	RPT TYPE	DATE MAILED
	1	24	114	
TRADE CLEARED		EMPLOYMENT VERIFIED		INCOME VERIFIED

FOR	MARKET SUB	IN FILE SINCE	DATE	TIME
[illegible] CWL5E5[illegible]		2 [illegible]	12 [illegible] 91	[illegible]

REPORT ON — SSN — BIRTH DATE

[illegible] L WILLIAM

TELEPHONE

CURRENT ADDRESS — DATE REPORTED

[illegible] NINTH ST., #GND, WILLIAMSVILLE NY. 14221 — 2 [illegible]

FORMER ADDRESS — PRODUCER NAME [illegible]

CURRENT EMPLOYER AND ADDRESS — POSITION / INCOME — DATE — [illegible]

FORMER EMPLOYER AND ADDRESS

SPOUSE'S EMPLOYER AND ADDRESS

SUBSCRIBER NAME	SUBSCRIBER CODE	DATE OPENED	HIGH CREDIT	DATE VERIFIED	PRESENT STATUS: BALANCE OWING	PRESENT STATUS: AMOUNT PAST DUE	PAYMENT PATTERN (12 MONTHS)	KEY
ACCOUNT NUMBER	TERMS	CREDIT LIMIT	DATE CLOSED	MAXIMUM DELINQUENCY: DATE	AMOUNT	MOP	(24 MONTHS)	
ECA	COLLATERAL		REMARKS	TYPE LOAN			[illegible]	

```
ANCM  5
   DATE    ECOA SUBCODE          SUBNAME          TYPE AMT
  12 5 91   I  CWL5E5U           CONSUM DISCL

  11 27 91  I  CPH5E5U1E45       CONSUM DISCL

  11 15 91  I  CNY7ZSUEA5        CP BF 91 CHE

FRMC  5 E64DB0U2-H.91,E64DB0U2-H 91,C4700 5.91,E64DE0U2-5.91

        B0005030-1 91

**END OF UNISSN REPORT**

REPORT SERVICED BY:
FHCSDATA CREDIT BUREAU OF UPSTATE NEW YORK
[illegible] STREET
SYRACUSE, NY. 13203
(315) 424-0915
```

PAGE 2 — LAST

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Donald Milford Payne
(Full Name)

14 Bock Avenue
(Mailing Address)

Telephone

Newark, New Jersey 07112

Filer Status	XX Member of the U S House of Representatives	State New Jersey District 10	Officer or Employee	Employing Office	
Report Type	x Annual (May 15)	Amendment	Termination	Termination Date	

HAND DELIVERED

MC

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) aggregating $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income For further information, see Instructions, page 10

NONE XX

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

3142

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Donald M. Payne

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST*		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X										X					
	182 Main Street, Dover, Delaware					X							X									X							
	Conrail Stock			X								X								X									
	First Fidelity Bancorp Stock				X							X								X									
	Copeland Companies Pension Plan					X																							
	Shearson Lehman Bros. IRA					X																							

3143

Reporting Individual's Name

Donald M. Payne

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [XX]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 -
	Example ABC Corporation Common Stock	X			10-12-90			X				

3144

Reporting Individual's Name
Donald M. Payne

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [XX]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

Reporting Individual's Name: Donald M. Payne

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE XX

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE XX

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Donald M. Payne

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Board of Directors	U.S. Committee for UNICEF
Board of Trustees	Newark Boys' and Girls Clubs
Board of Directors	Newark Day Center

[see continuation sheet]

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [ ] NA [x]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [ ] NA [x]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 104 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Donald M. Payne	5-15-92

GPO 1991 50-287 (m)

PART VIII -- Positions

Board of Directors	Newark YMWCA
Board of Directors	Congressional Award Foundation
Board of Directors	UNA-USA New Jersey Chapter

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(10)

HAND DELIVERED

LEWIS F. PAYNE, JR.
(Full name)

19 SAWMILL CREEK ROAD
(Mailing Address) Telephone

WINTERGREEN, VIRGINIA 22958

Filer Status	[X] Member of the U.S. House of Representatives	State VA District 5th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	PAYNE, ROSS & ASSOCIATES ADVERTISING, INC.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
LEWIS F. PAYNE, JR.

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash , D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500
	NONE			

Reporting Individual's Name
LEWIS F. PAYNE, JR.

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									BLOCK D Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST*	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X						
JT	CENTRAL FIDELITY BANK ACCOUNTS					X								X									X					
	L.F. PAYNE FOR CONGRESS CAMPAIGN LOAN						X												X									
	FIDELITY INVESTMENTS PORTFOLIO BONDS				X							X										X						
	ALEX BROWN - BOND					X								X									X					
	APEX MUNICIPAL FUND - BONDS			X										X							X							
	BANK ONE				X										X					X								Purchase/ Sold

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: LEWIS F. PAYNE, JR.

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST*	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
	VA. STATE TRANSPORTATION BONDS				X									X									X						
	NORTHERN VA. TRANS. DT - BONDS			X										X					X										PURCHASED
	WINTERGREEN HOMESITE 174 CHESTNUT SPRINGS - LOT				X														X										
	HOUSE - 1041 BOHICKET, BOHICKET MARINA, SC - RENTAL PROP.						X						X											X					SOLD
	CONDO - RENTAL PROP. 12 - 3rd St., NE, Wash., DC								X				X												X				
JT	CRESTAR BANK - IRA				X									X					X										
	EQUIPMENT RENTAL CIS EQUIPMENT TRUST, SAN MATEO, CA	X											X						X										
	ONE CITY PLACE LTD. PARTNERSHIP 1% OWNERSHIP-OWNING ONE CITY PL OFFICE BLDG. - REAL ESTATE						X											Limited Partner	X										
	GREAT PLAINS, PARTNERSHIP 1.6% OWNERSHIP - OWNING OFFICE BLDG. REAL ESTATE						X											Limited Partner	X										
	208 E. Jefferson St. - 50% OWNERSHIP - OWNING OFFICE BLDG. - REAL ESTATE				X								X						X										
	CHESAPEAKE TRADING PARTNERSHIP 33% OWNERSHIP - HUSKIES & SALES OWNING OFFICE EQUIPMENT			X														Limited Partner	X										
	ML LEE ACQUISITON FUND - 004103 LTD. PTR. - OWNING BONDS & NOTES				X							X		X	X						X								
	GRAND BANK PARTNERSHIP - 1% OWNERSHIP - PRODUCING GAS & OIL			X														Limited Partner	X										
	WINTERGREEN DEVELOPMENT INC. 35.5 % OWNERSHIP - SELLING REAL ESTATE AT WINTERGREEN									X								"S" CORP.	X										
	WINTERGREEN INVESTORS PTR. 14.29 % OWNERSHIP SELLING REAL ESTATE			X										X								X							

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
LEWIS F. PAYNE, JR.

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
	Year End Value (X)									Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional. S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
BEAR SCRATCH PARTNERS - 50% OWNERSHIP - OWING REAL ESTATE IN NELSON COUNTY, VA		X														General Partner.	X									
L. F. PAYNE RETIREMENT TRUST							X									Trust Distrib.							X			

Reporting Individual's Name
LEWIS F. PAYNE, JR.

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	NORTHERN VA. TRANS. DT - BONDS	X			7-22-91	X						
	HOUSE - 1941 BOHICKET - BOHICKET MARINA, SC - RENTAL PROP.		X		6-28-91			X				
	BANK ONE - 28000 Sh. HELMSMAN TAX FREE	X			4-2-91		X					
	BANK ONE - 14000 sh. HELMSMAN TAX FREE		X		12-12-91	X						
	BANK ONE - 400 sh. SA SPONSORED ADR	X			11-27-91	X						
	BANK ONE - 400 sh. SA SPONSORED ADR		X		12-10-91	X						

Reporting Individual's Name
LEWIS F. PAYNE, JR.

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	CRESTAR BANK - CHARLOTTESVILLE, VA	LINE OF CREDIT		X					
	CENTRAL FIDELITY BANK, CHARLOTTESVILLE, VA	LINE OF CREDIT			X				
	CENTRAL FIDELITY BANK, CHARLOTTESVILLE, VA	MORTGAGE ON DC CONDO 12 - 3rd St., NE, Wash., DC				X			

Reporting Individual's Name
LEWIS F. PAYNE, JR.

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
NAT. ASSO. OF HOME BUILDERS	Jan. 18-19, 1991	Roundtrip Air Fare from Wash. DC to Atlanta, GA over-night stay & lodging to Address and participate on on panel at Homebuilders Convention, with wife	
ASSO. OF AMERICAN RAILROADS	Mar. 1-4, 1991	Roundtrip air fare & ground transportation from Wash. DC to Scottsdale, AZ, with lodging, to Participate in Intermodal Policy Conf. w/PWaT Committee Members, with wife	
VIRGINIA AGGREGATES ASSO.	Oct. 14, 1991	Air & ground transportation from Charlottesville, VA to White Sulphur Springs, WVA & return to Wash., DC for a speech to the Association on transportation.	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
LEWIS F. PAYNE, JR.

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
SEE	
ATTACHED	
PAGE	

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Lewis F. Payne Jr.	May 14, 1992

POSITIONS:

MEMBER, BOARD OF DIRECTORS	NATURE CONSERVANCY - ST. OF VA
LIMITED PARTNER	GREAT PLAINS PARTNERSHIP
LIMITED PARTNER	CHESAPEAKE TRADING CO., LTD.
GENERAL PARTNER	206 EAST JEFFERSON ST.
LIMITED PARTNER	ML - LEE ACQUISITION FUND
LIMITED PARTNER	GRAND BANKS, LTD.
GENERAL PARTNER	BEAR SCRATCH PARTNERS
GENERAL PARTNER	WINTERGREEN INVESTORS PARTNERSHIP
LIMITED PARTNER	ONE CITY PLACE, LTD.
MEMBER, BOARD OF DIRECTORS	NELSON COUNTY COMMUNITY DEVELOPMENT FOUNDATION
MEMBER, BOARD OF DIRECTORS	UVA REAL ESTATE FOUNDATION
MEMBER, BOARD OF DIRECTORS	AVERETT COLLEGE
MEMBER, BOARD OF DIRECTORS	WINTERGREEN DEVELOPMENT, INC.
MEMBER, BOARD OF DIRECTORS	PATRICK HENRY BOYS HOME

(8)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Don J. Pease
(Full Name)

143 E. College St. Apt. 409
(Mailing Address)

Telephone
Oberlin, Ohio 44074 (216) 774-6855

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District 13	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Don J. Pease

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	American Advertising Federation	Speech	April 30, 1991	$2,000
	International Business magazine	Article	June 13, 1991	$300
	Washington Tax Association	Speech	July 15, 1991	$1,000

Reporting Individual's Name
Don J. Pease

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																	Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X								X									X
			George Wash. Credit Union Accounts			X									X								X							
			182 Main Street, Dover, Delaware				X							X									X							
S	Lorain National Bank Agency Account					X							X		X						X									
	Federated short term U.S. Government Securities Fund																													
	U.S. Treasury Note																													X
	Dublin, Ohio School Bonds																													X
	Mason, Ohio Waterworks System																													
	Federated Growth Trust																													

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
Don J. Pease

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX Over $100,000	
JT	Calvert First Govt. MM Fund*			X								X									X							
JT	Wright Patman Credit Union					X								X										X				
JT	Fidelity Ohio Tax-Free Fund			X										X							X							
	Washington Federal Savings Bank			X										X								X						
JT	Lorain County Bank		X											X						X								
	*Formerly First Variable Rate Fund/Name changed in 1991																											

Reporting Individual's Name: Don J. Pease

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,000 –
	Example: ABC Corporation Common Stock	X			10-12-90			X				
S	Lorain National Bank Agency Account											
	U.S. Treasury Note matures		X			X						
	Purchase Mason, Ohio Waterworks System Bonds	X				X						

Reporting Individual's Name
Don J. Pease

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

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Reporting Individual's Name
Don J. Pease

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Congressional Economic Leadership Institute	Apr. 1-5 1991	Roundtrip air travel from Washington, D.C. to Brownsville, Texas and Mexico City plus lodging and food for self	
Brookings Institution U.S./Japan Economic Agenda	Dec. 1-9 1991	Air travel from Washington, D.C. to Tokyo, Japan and return to Honolulu, Hawaii plus lodging and food for self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
Don J. Pease

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Member, Board of Directors	International Labor Rights Education and Research Fund

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Don J. Pease	May 14, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(13) 92 ... 15 PM 2 03

HAND DELIVERED

MC (Office Use Only)

Nancy Pelosi
(Full Name)

2640 Broadway
(Mailing Address) Telephone

San Francisco, CA 94115

Filer Status	X	Member of the U.S. House of Representatives	State California District Fifth	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
Nancy Pelosi		(None)	
Spouse:			
	Financial Leasing Services	Salary	N/A
	Carey Associates	Management Fee	N/A
	Dancoor, Inc.	Commission	N/A
	Moana Corporation	Managment Fee	N/A
	Solar Micro Utility "P"	Management Fee	N/A

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

Nancy Pelosi

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																			Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional			Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	
S, DC, JT	Examples	S	ABC Corporation Stock			X								X									X									X
			George Wash. Credit Union Accounts				X									X									X							
			182 Main Street, Dover, Delaware					X							X											X						
S	Adit Partners, San Francisco, CA Public common stock fund								X							X	X											X				
S	Ashlar, Inc., Sunnyvale, CA Common Stock						X																									
S	Auberge du Soleil, Ltd., Rutherford, CA Owns and operates hotel resort									X					X	X											X				

For additional assets and unearned income, use next page

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Pelosi

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset – Year End Value (X): None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income – Type of Income (X): DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X): None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
S	Bank of America, San Francisco, CA Savings account				X									X							X								
S	Bedford Hotel Associates, San Francisco, CA Owns hotel					X						X		X									X						
JT	B.F. Enterprises Public common stock					X																							
S	Borel Estate Company Owns shopping center						X					X		X										X					
S	Carey Associates, L.P., San Francisco, CA Limousine business									X		X		X												X			
S	Carey International, Washington, DC Common and preferred stock						X					X													X				
S	Castelle, Inc., Santa Clara, CA Common stock				X																								X
S	Chalone, Inc. Public common stock				X																								

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Pelosi

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	BLOCK D Transaction (X)
S	Charlottetown Assoc., L.P., Charlotte, NC Owns office building on Baxter St. Charlotte, NC			X																								
S	Container Programs, Inc., San Francisco, CA Equipment leasing company							X																				
S	Convest Energy Corp. Public common stock		X																									
S	Entertainment Express, S. San Francisco, CA Operates cable television service					X																						
S	Financial Leasing Services, Inc. San Francisco, CA Leasing and investment company							X																				
S	Forty-five Belden Corp., San Francisco, CA General Partner of Carey Assoc., L.P.							X				X												X				
S	Forum Systems, Inc., San Jose, CA Common stock			X																								X
S	GATX [illegible]	X										X									X							X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Nancy Pelosi

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																	BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	Grantline 208, L.P., Sacramento, CA 208 acres raw land							X																					X
JT	Genway Corp., Chicago, IL Common stock, grantor trust				X							X										X							
S	Juliana Hotel Assoc., San Francisco, CA Owns hotel					X							X	X	X									X					
S	Kimmin Svc., Corp. Public common stock	X																											X
S	Martech USA Public common stock	X																											X
S	Mass. Microsystems, Inc. Public common stock	X																											X
S	McGrath RentCorp Public common stock								X			X												X					
S	Mosher Partners, L.P., Sacramento, CA 350 acres raw land						X																						X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Pelosi

S, DC, JT	BLOCK A Asset and/or Income Source (You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional)	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	BLOCK D Transaction (X)
S	Nautilus Leasing Services Container leasing company					X																							
S	Nine hundred One Battery, Ltd., ~~San Francisco, CA~~ Owns office building				X								X										X						
S	PIA-A Avenel, Potomac, MD Real estate development								X				X	X											X				
S	Piatti Restaurant Co., Tiburon, CA Restaurant operating company							X				X												X					X
S	Potomac Investment Assoc., Gaithersburg, MD Real estate development company									X			X	X													X		
S	Qume Corp. ~~Public common stock~~	X																											X
S	Read-Rite Corp., Milpitas, CA ~~Common stock~~							X																					X
JT	Robert Half International ~~Public common stock~~						X																						X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Reporting Individual's Name: Nancy Pelosi

Continuation Sheet (if needed)

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
S	Wm. Rollnick & Co., Palo Alto, CA (aka Genstar Rental Electronics) Equipment leasing company					X						X		X										X				
S	San Francisco Hotel Assoc. San Francisco, CA Owns Vintage Court Hotel					X							X										X					
S	Sanifill Inc. ~~Public Common Stock~~	X																										X
S	San Ysidro Ranch, L.P., Montecito, CA Owns resort hotel					X							X	X										X				
S	San Ysidro Ranch Management Co., Montecito, CA Manages resort hotel						X						X	X										X				
S	Satellite Invo. Systems Public common stock	X																										X
S	Solar Micro Utility P, Los Angeles, CA Owns solar panels for domestic water					X																						

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Nancy Pelosi

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)										
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S DC JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Sutter Hotel Associates, San Francisco, CA	S					X							X	X									X					
Owns Galleria Park Hotel																												
Tampa Investment Associates																												
Dividend from Potomac Inv. Assoc.	S				X							X																X
West Lake Village, CA																												
Telltabs, Inc. Public common stock	S			X																								
Teradyne Corp. (aka Zehtel Inc.) Public convertible debentures	S	X												X								X						X
Union Bank, San Francisco, CA Savings account	S			X										X								X						
United States Treasury Interest on tax refund	JT													X									X					
Wells Fargo Bank, San Francisco, CA Savings account	JT			X										X							X							

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

Nancy Pelosi

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) — None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	BLOCK D Transaction (X)
JT	Alpine Place, Alpine Meadows, CA Condominium apartment						X						X											X					
S	45 Belden Place, San Francisco, CA Four story commercial building									X			X														X		
S	208 Farragut, Sea Colony, Bethany Beach, DE Condominium apartment						X						X											X					
S	3239 Webster Street, San Francisco, CA Single family residence								X				X											X					
JT	Skellenger Lane, Napa, CA 8 acre vineyard								X				X											X					
JT	Zinfandel Lane, St. Helena, CA 18 acre vineyard and rental property									X			X												X				

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Reporting Individual's Name

Nancy Pelosi

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets		Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000
	Example: ABC Corporation Common Stock		X			10-12-90			X				
S	Castelle Inc., Santa Clara, CA	common stock	X			3-15-91		X					
S	Grantline 208, LP, Sacramento, CA	ltd ptnshp interest	X			4-12-91					X		
S	Tampa Investment Assoc. LP, Westlake Vlg., CA	ltd ptnshp interest			X	5-1-91		X					
S	Mosher Partners, LP, Sacramento, CA	ltd ptnshp interest	X			6-10-91					X		
S	Read-Rite Corp, Milpitas, CA	common stock	X			10-25-91				X			
S	Forum Systems, Inc., San Jose, CA	common stock			X	10-27-91		X					
S	Teradyne Corp., Boston, MA	convertible debentures		X		10-29-91		X					
S	Kinnan Svc. Corp., Tampa, FL	common stock		X		11-4-91		X					
S	Martech USA, Anchorage, AK	common stock		X		11-4-91		X					
S	Mass. Microsystems Inc., Sunnyvale, CA	common stock		X		11-12-91	X						
S	Samfill Inc., Houston, TX	common stock		X		11-20-91		X					
S	Qume Corp, Milpitas, CA	common stock		X		12-20-91	X						
S	Robert Half Int., San Francisco, CA	common stock			X*	12-28-91			X				
S	GATX, Chicago, IL	common stock			X*	12-28-91		X					
S	Satellite Info Systems, Boulder, CO	common stock		X		11-30-91	X						

*Donated to corpus of Pelosi Charitable Foundation.

Reporting Individual's Name

Nancy Pelosi

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Bank of America, California	Mortgage on Alpine Place, Alpine Meadows, CA			X				
S	Home Savings, California	Mortgage on 3239 Webster St., San Francisco, CA					X		
S	Loyola Federal Savings, Maryland	Mortgage on 208 Farragut, Bethany Beach, MD		X					
S	St. Paul Federal Savings, Illinois	Mortgage on 45 Belden Pl. San Francisco, CA							X
S	Teachers Insurance, New York	Mortgage on 45 Belden Pl., San Francisco, CA							X
JT	Union Bank, California	Mortgage on 11 Zinfandel Ta., St. Helena, CA							X
S	American Security Bank, Washington, DC	Line of credit				X			
S	Union Bank, California	Line of Credit						X	
S	Hambrecht & Quist, San Francisco, CA	Margin Account			X				
S	Portsmouth Securities, San Francisco, CA	Margin Account			X				

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Reporting Individual's Name: Nancy Pelosi

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
B'nai B'rith Anti-Defamation League	Aug. 7-15, 1991	Fact finding trip to Israel. Roundtrip air from Washington to Israel, 7 days meals and lodging for self and spouse.	X

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

Reporting Individual's Name
Nancy Pelosi

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Board of Governors	World Centre

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ N/A ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes ☐ No ☒ N/A ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Nancy Pelosi	May 14, 1992

GPO: 1991: 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 AUG 27 AM 9:54

(6)

TIMOTHY J. PENNY
(Full Name)

436 CANNON HOUSE OFFICE BLDG.
(Mailing Address)

Telephone

WASHINGTON, D.C. 20515

HAND DELIVERED

MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State MN District 1	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	REDEEMER LUTHERAN PRE-KINDERGARTEN	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name

TIMOTHY J. PENNY

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Type of Income (X) Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other Income (Specify type)	Category of Amount of Income (X) None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	Block D Transaction (X)
S, DC, JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	215 BIRCH, NEW RICHLAND, MN			X									X									X							
JT	WRIGHT-PATMAN FEDERAL CREDIT UNION			X										X						X									

For additional assets and unearned income, use next page

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Reporting Individual's Name
TIMOTHY J. PENNY

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☒

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO. DAY YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,000+
	Example: AEC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name

TIMOTHY J. PENNY

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	ESTATE OF JOE STADULSKI	MORTGAGE ON 25 BIRCH, NEW RICHLAND, MN		X					

Reporting Individual's Name: TIMOTHY J. PENNY

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
COLUMBIA INSTITUTE	JAN 5-12 1991	ROUNDTRIP AIR FROM WASH. DC TO MOSCOW, RUSSIA 5 DAYS FOOD + LODGING	
AMERICAN-ARAB ANTI-DISCRIMINATION COMMITTEE	AUG 30-31 1991	AIR FROM WASH. DC TO CHICAGO TO MINNEAPOLIS, TRANSPORT TO + FROM CHICAGO AIRPORT, ONE NIGHT LODGING + FOOD.	
BROOKINGS INSTITUTE	DEC 1-6 1991	ROUNDTRIP AIR WASH. DC TO TOKYO, JAPAN, 4 DAYS FOOD + LODGING, SELF + SPOUSE	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
TIMOTHY J. PENNY

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
CO-CHAIR + BOARD MEMBER	AMERICANS FOR GENERATIONAL EQUITY
BOARD MEMBER	GAINEY CENTER, OWATONNA MN
BOARD MEMBER	MINNESOTA YMCA YOUTH IN GOVERNMENT
CO-CHAIR	NATIONAL LEADERSHIP COUNCIL FOR VETERANS

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Timothy J. Penny

DATE (Month, Day, Year): APRIL 23, 1992

[redacted]
GPO : 1991 : 50-262-000

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Carl Christopher Perkins
(Full Name)

1004 Longworth House Office Bldg.
(Mailing Address)

(202)225-4935
Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Kentucky District 7th	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

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(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
Carl C. Perkins

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	Philip Morris Management Corporation	Speech	Oct. 2, 1991	$2,000

Reporting Individual's Name

Carl C. Perkins

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Type of Income (X)						Category of Amount of Income (X)											Transaction (X)
			A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	
S JT	Examples: S ABC Corporation Stock			X									X								X								X
	S George Wash. Credit Union Accounts				X										X								X						
	182 Main Street, Dover, Delaware					X								X								X							
	Bank of Hindman Stock							X					X									X							
	Hanover Townhouse, Lexington						X																						
	1/3 undivided interest in 15 acres, Dyer Branch, Knott Co.				X																								
	½ interest 88 acres, Leburn					X																							
	⅓ undivided interest 35 acres Dick Hall Branch, Knott Co.				X																								
	Estate of Jim Perkins Trust				X																								

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Carl C. Perkins

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001 - $15,000	B $15,001 - $50,000	C $50,001 - $100,000	D $100,001 - $250,000	E $250,001 - $500,000	F $500,001 - $1,000,000	G over $1,000,000	H		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST*	QUALIFIED BLIND TRUST			None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Fidelity Investments				X																								
Carlyle Real Estate				X																								
Lot, Mt. Sterling, KY							X																					

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Reporting Individual's Name

Carl C. Perkins

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence unless it is rented out. For further information see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Lot, Mt. Sterling, Kentucky	X			1-20-91	X						

Reporting Individual's Name

Carl C. Perkins

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Bank of Hindman	Personal		X					
	Commercial Bank	Business	X						
	Liberty National Bank	Personal & Business		X					
	People's Bank & Trust	Business		X					
	Citizens Deposit Bank	Business & Personal				X			
	1st Guaranty Bank	Business	X						
	Bill Francis	Personal	X						

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Reporting Individual's Name: Carl C. Perkins

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section) aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds. Travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see instructions, pages 20-22.

NONE [X]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name: Carl C. Perkins

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 14, 1992

GPO: 1991 50-287 (m)

3193

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

Carl Christopher Perkins
(Full Name)

1004 Longworth House Office Bldg. — 202-225-4935
(Mailing Address) — Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Kentucky District 7th	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

4

HAND DELIVERED
MR

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name
Carl C. Perkins

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																	Block D
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)											Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock		X									X									X								X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware						X						X									X							
		Bank of Hindman Stock								X			X										X							
		Hanover Townhouse, Lexington							X											X										
		1/3 undivided interest in 15 acres, Dyer Branch, Knott Co.			X															X										
		1/2 interest, 88 acres in Leburn, Knott County				X														X										
		1/2 undivided interest 35 acres Dick Hall Branch, Knott Co.			X															X										
		Estate of Jim Perkins Trust			X															X										

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For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Carl C. Perkins

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)							Category of Amount of Income (X)									
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	Transaction (X)
S, DC, JT																												
	Fidelity Investments		X																X									
	Carlyle Real Estate		X																X									
	Lot, Mt. Sterling, KY					X													X									

Reporting Individual's Name: Carl C. Perkins

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 23

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U S C app 6, § 101 et seq) The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U S C app 6, § 134 and 18 U S C § 1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	June 4, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 11 14 PM 4:45

(7)

Collin C Peterson
(Full Name)

Box 257
Detroit Lakes, MN
(Mailing Address)

Telephone

HAND DELIVERED

Filer Status	[X] Member of the U.S. House of Representatives	State Minnesota District 7	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Third Street Apartments	Administrative Work done in 1990	2,000
	Postal Supervisors Assn	Giving lec for Union Bond Conference	450

For payments to charity in lieu of honoraria, use next page

Financial Disclosure A-1

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Reporting Individual's Name
Collin C Peterson

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX Over $100,000	Block D Transaction (+)
S, DC, JT	Examples	S ABC Corporation Stock		X								X									X							X
		George Wash Credit Union Accounts			X									X									X					
		182 Main Street, Dover, Delaware				X							X									X					
		Peterson Pork Inc. Farm Rent				X													X									
		Republic Nat Bank (undivided trust) Colorado Estates, Inc. Stock		X									X	X	X			Sale of life loss						X	Gains			Income
		Lake West Properties, Partnership				X																		X				
		Bakkevig & Lott & Co. Investment				X								X								X						
		Kapalua, Inc. Contract	X											X	X								X					
		Zephyr Estates, Partnership	X											X	X						X							

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: Hollin C. Peterson

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Third Street Apartments Ltd Partnership				X								X									X						Income Operations

3200

Reporting Individual's Name: Collin C Peterson

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
Collin R Peterson

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 -
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			
	Peterson Stox Inc -	I own 50% of this corporation		X					
		Demand loan created when stock issued 1-1-91							
		This business started from partnership to incorporation.							
		For purpose of distribution of all its assets (see Form 2C)							

Financial Disclosure A-4

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Reporting Individual's Name
Collin Peterson

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE ☐

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
Pheasants Forever, St Paul, MN	2 Pheasant Prints - Framed	$150

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE ☐

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Boeing Corporation	Aug 5, 1991	Air Travel from Wash, DC to Seattle to Naples - meals + lodging (one overnight)	
American Petroleum Institute (Arco, British Petroleum, Alaska Oil & Gas Assn.)	Aug 6-8, 1991	Air Travel Anchorage to Prudhoe Bay to Homer to Anchorage - meals + lodging	
Florida Sugar Cane League	Nov 29, 1991	Air Travel Wash DC to Miami, Naples, Lunch - Clewiston (Company Private Plane)	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

3203

Reporting Individual's Name
Carl A Peterson

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
President & Director (unpaid)	Peterson Vox, Inc
President & Director (unpaid)	Lolloland Corporation, Inc
Partner Ltd Partner	Urban Impact Corporation Third Street Apartments

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☐

Date	Parties To	Terms of Agreement
12-1990	Carl & Peterson & Third Street Apartments	$2,000 per year deferred compensation 1991 & 1992 - from 1990
		Retained former 401(k) plan with Prudential Retirement Plan
12-27-90	Self & Bookhouse Suitt	Agreement [illegible]

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct (See Instructions, page 15.) Yes ☐ No ☒ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No ☒ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
[signature]	5-14-1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY 14 PM 1:59

(8)

DOUGLAS BRIAN "PETE" PETERSON
(Full Name)

P. O. Box 5781
(Mailing Address) Telephone

Marianna, Florida 32446

Filer Status	X Member of the U.S. House of Representatives	State Florida District Second	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

mc

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	1840 House, LTD	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

3205

Reporting Individual's Name
DOUGLAS BRIAN "PETE" PETERSON

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	- NONE -			

3206

Reporting Individual's Name

DOUGLAS BRIAN "PETE" PETERSON

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)							Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX Over $100,000	Transaction (X)
S DC JT	Examples: S ABC Corporation Stock			X								X									X							X
	George Wash. Credit Union Accounts				X									X									X					
	182 Main Street, Dover, Delaware					X							X									X					
JT	CRT Software, Inc. (Stock)			X								X							X									
JT	CRT Computers, Inc. (Stock)					X						X							X									
JT	CRT Computers, Inc. (Loan)			X										X					X									
JT	P&N Enterprises (R/E Partnership)					X							X											X				
JT	Car-Jon (R/E Partnership)					X							X											X				
JT	Carribean Cattle Company (Stock)				X							X							X									

For additional assets and unearned income, use next page

3207

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DOUGLAS BRIAN "PETE" PETERSON

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Gadsden National Bank, Quincy, FL Accts			X										X					X									
JT	Pentagon Federal Credit Union Accounts			X										X					X									
JT	Citizens Bank, Marianna, FL Accounts			X										X							X							
JT	Pete Peterson Campaign Fund				X									X								X						
JT	Neal Enterprises, Inc. (Stock)				X							X						X										
JT	Congressional Federal Credit Union (Acct)			X										X					X									
JT	Eglin Federal Credit Union (Acct)			X										X					X									
*	Department of Air Force										N/A						Retirement						X					
*	Veteran's Administration										N/A						Retirement				X							
*	Not Required to Be Disclosed																											

3208

Reporting Individual's Name
DOUGLAS BRIAN "PETE" PETERSON

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets		Type of Transaction (X)				Amount of Transaction						
			Purchase	Sale	Exchange	DATE (MO., DAY., YR)	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example ABC Corporation Common Stock		X			10-12-90			X				

Reporting Individual's Name

DOUGLAS BRIAN "PETE" PETERSON

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Citizens State Bank of Marianna, FL	Mortgages on rental property:				X			
		217 West Lafayette Street Marianna, Florida							
		Apts. 3 & 6 - Coronado Apts. Port St. Joe Beach, Florida							

Financial Disclosure A-4

3210

Reporting Individual's Name

DOUGLAS BRIAN "PETE" PETERSON

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20–22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6–8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

3211

Reporting Individual's Name
DOUGLAS BRIAN "PETE" PETERSON

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Vice-President	CRT Computers, Inc., Marianna, Florida (INACTIVE)
President	CRT Software, Inc., Marianna, Florida (INACTIVE)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, § 104 and 18 U.S.C. § 1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 12, 1992

HAND DELIVERED

DOUGLAS "PETE" PETERSON
2D DISTRICT, FLORIDA

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
VETERANS' AFFAIRS
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

Congress of the United States
House of Representatives
Washington, DC 20515-0902

WASHINGTON OFFICE
1415 LONGWORTH BUILDING
WASHINGTON, DC 20515-0902
(202) 225-5235

DISTRICT OFFICES
913 THOMASVILLE ROAD, SUITE 1
TALLAHASSEE, FL 32303
(904) 561-3074

12 SOUTH CALHOUN STREET
MARIANNA, FL 32446
(904) 526-5516

1000 A SOUTH 17TH STREET
LAKELAND, FL 33805
(813) [illegible]

June 4, 1992

(9)

Mr. Donnald Anderson
Clerk
U. S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515

MC

Dear Mr. Anderson,

Enclosed is the original and two copies of my revised 1991 Financial Disclosure Statement. I have initialed changes on pages, 3, 4, and 6.

Thank you for your assistance and if you have any questions, please contact Kathleen Semmel in my office.

Sincerely,

Pete Peterson

Pete Peterson, M.C.

DBP/kas

PRINTED ON RECYCLED PAPER

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

1992 MAY 14 PM 1:59

DOUGLAS BRIAN "PETE" PETERSON
(Full Name)

P. O. Box 5781
(Mailing Address)

Telephone

Marianna, Florida 32446

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District Second	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

MC

(Office Use Only)

RECEIVED
CLERK, HOUSE OF REPRESENTATIVES
92 JUN 4 PM 3:19

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	1840 House, LTD	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use next page

3214

Reporting Individual's Name

DOUGLAS BRIAN "PETE" PETERSON

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
	XYZ Magazine	Article	Aug. 13, 1991	$500
	- NONE -			

3215

Reporting Individual's Name

DOUGLAS BRIAN "PETE" PETERSON

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Block D Transaction (X)
S DC JT	Examples: S ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
JT	CRT Software, Inc (Stock)			X								X							X										
JT	CPT Computers, Inc. (Stock)						X					X							X										
JT	CRT Computers, Inc. (Loan)			X										X					X										
JT	P&N Enterprises Apts 3 & 6 - Coronado Apts Port St. Joe, Beach, FL						X						X											X					
JT	Car-Jun (R/E Partnership) 217 West Lafayette Street Marianna, FL					X							X											X					

For additional assets and unearned income, use next page

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: DOUGLAS BRIAN "PETE" PETERSON

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II Less than $201	$201 - $1,000	II $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
JT	Gadsden National Bank, Quincy, FL Acct			X										X					X									
JT	Pentagon Federal Credit Union Accounts			X										X					X									
JT	Citizens Bank, Marianna, FL Accounts			X										X						X								
JT	Pete Peterson Campaign Fund				X									X							X							
JT	Neal Enterprises, Inc. (Stock)				X							X							X									
JT	Congressional Federal Credit Union (Acct)			X										X					X									
JT	Eglin Federal Credit Union (Acct)			X										X					X									
*	Department of Air Force										N/A						Retirement					X						
*	Veteran's Administration										N/A						Retirement				X							
JT	Carribean Cattle(Stock)			X								X						X										
*	Not Required to Be Disclosed																											

Reporting Individual's Name

DOUGLAS BRIAN "PETE" PETERSON

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S,DC,JT	Identification of Assets	Type of Transaction (X)				Amount of Transaction						
		Purchase	Sale	Exchange	DATE (MO, DAY, YR)	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				

3218

Reporting Individual's Name
DOUGLAS BRIAN "Pete" PETERSON

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Citizens State Bank of Marianna, FL	Mortgages on rental property:							
		1) Car-Jun(R/E Partnership) 1/1/42				X			
		217 West Lafayette Street Marianna, FL							
		2) P&N Enterprises(R/E Partnership) 1/1/42				X			
		Apts 3 & 6 - Coronado Apts Port St. Joe Beach, FL							

3219

Reporting Individual's Name

DOUGLAS BRIAN "PETE" PETERSON

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

	Source	Brief Description	Value
Example:	Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [X]

	Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
DOUGLAS BRIAN "PETE" PETERSON

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Vice-President	CRT Computers, Inc., Marianna, Florida (INACTIVE)
President	CRT Software, Inc., Marianna, Florida (INACTIVE)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): May 12, 1992

GPO 1991 50-267 (m)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

THOMAS E. PETRI
(Full Name)

N 5329 DE NEVEU LANE
(Mailing Address)

Telephone

FOND DU LAC WISC. 54935

Filer Status	✓ Member of the U.S. House of Representatives	State WISCONSIN District SIXTH	Officer or Employee	Employing Office	
Report Type	✓ Annual (May 15)	Amendment	Termination	Termination Date	

INSIDE MAIL
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NATIONAL ENDOWMENT FOR THE HUMANITIES	SPOUSE SALARY	N.A.

For payments to charity in lieu of honoraria, use next page

3222

Reporting Individual's Name

T. E. Petri

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoraria. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
WISCONSIN ROAD BUILDERS, MADISON, WIS.	SPEECH	MARCH 4, 1991	$800
CHEMICAL MFG. GROUP, WASH. D.C.	SPEECH	MAY 13, 1991	$1,000
~~AUTO MFRS GROUP~~ MOTOR VEHICLE EQUIPMENT FORUM, WASH., D.C.	SPEECH	SEPT 25, 1991	$1,000

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Reporting Individual's Name
T. E. PETRI

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14

NONE ☐

	BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset: Year End Value (X)									BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST*	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples: S	ABC Corporation Stock			X								X								X									X
		George Wash. Credit Union Accounts				X									X									X						
		182 Main Street, Dover, Delaware					X							X									X							
	WISCONSIN RETIREMENT ACCT					X							X		X	X			NO INCOME DISTRIBUTED											
	STRONG TOTAL RETURN FUND						X						X		X	X			NO INCOME DISTRIBUTED (NA)											
	FIRSTAR CORP. STOCK									X			X												X					
	FIRST WISC. NAT'L BANK F.D.G. STOCK				X								X									X								
	WALGREEN CO. STOCK									X			X												X				X	
	BANDAG CO. STOCK							X					X										X						X	

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: T. E. PETRI

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
~~ALLEGHENY BANCORP, SF~~																													
ASSOCIATED BANCORP STOCK			X									X							X										
CASTLE & COOKE, STOCK					X							X								X									
OVERSEAS SHIPHOLDING GROUP STOCK						X						X										X							
LLOYDS' & 1ST NAT'L BANK OF BOSTON (CLEARING)					X									X	X			INSURANCE PREMIUMS					X						
COMMERCE CLEARING HOUSE, STOCK					X							X										X							
WANON COMMUNICATIONS, BOND			X											X						X									
AT WISCONSIN, STOCK					X																								
VALLEY BANK CORP, STOCK							X					X											X						X
NORTHWEST MUTUAL LIFE INS. (ROUTE HOME OFFICE)					X							X						INCREASE IN CASH VALUE				X	X						
R & P DEVELOPMENT PARTNERSHIP (FOL)						X							X																X

Reporting Individual's Name: T. E. Petri

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	R & P Development, Partnership		X		7/30/91			X				
	Walgreen Corp, Common Stock		X		3/20/91	X						
	Walgreen Corp, Common Stock	X			Dividend Reinvestment	X						
	Banoac Corp, Common Stock	X			Dividend Reinvestment	X						
	Valley Bancorporation, Common Stock	X			Dividend Reinvestment	X						

Reporting Individual's Name: T. E. Poole

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 - $15,000	C $15,001 - $50,001	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	1st Wisc. Nat'l Bank, Milwaukee	Loan Secured by Stock				X			
	1st Nat'l Bank of Boston (Company)	Loan Secured by Stock			X				

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Reporting Individual's Name: T. E. Petri

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel-related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
ASSOC. OF FORMER MEMBERS OF CONG.	APRIL 1-7, 1991	ROUND TRIP AIR TRAVEL FROM WASH, D.C. TO PHOENIX, LODGING & FOOD, LODGING & TRAVEL IN GEORGIA FOR CONFERENCES WITH BUDGETARY MEMBERS & REGIONAL & NATIONAL GEORGIA GOVT OFFICIALS	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

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Reporting Individual's Name
T.E. Powell

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Partner	Lloyds, Underwriting Insurance Risks, London, England

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE ☒

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☒ N/A ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes ☐ No ☒ N/A ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 8, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
T.E. Powell	April 13, 1992

GPO 1991 50-267 (m)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

(14)

1992 MAY 14 PM 2 39

OWEN BRADFORD PICKETT
(Full Name)

1204 Longworth House Office Building
Mailing Address

Washington, D.C. 20515

Telephone (202) 225-4215

Filer Status	X	Member of the U.S. House of Representatives	State VA District 2nd	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

HAND DELIVERED

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [X]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use next page.

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Reporting Individual's Name

OWEN BRADFORD PICKETT

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In BLOCK A report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In BLOCK B indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In BLOCK C indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "N/A" for income.

In BLOCK D indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See Instructions, page 14.

NONE ☐

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset									BLOCK C Income																		Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			Year End Value (X)									Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
S, DC, JT	Examples	S	ABC Corporation Stock		X								X									X							X
			George Wash. Credit Union Accounts				X								X									X					
			182 Main Street, Dover, Delaware					X						X												X			
	Brass Circle Assocs. Note Receivable (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)							X												X									
	Central Fidelity Bank - savings				X										X						X								
	Princess Anne Commercial Bank						X								X									X					
	Dominion Bank - savings					X									X									X					
	Independent Banks of VA - stock					X							X							X									

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST*		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
Beverly Enterprises Mortgage Receivable							X							X									X				
Cranston Lane Assocs. (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)							X						X	X									X				
Shipps Corner Nursery Co. (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)							X							X				X									
Lynnhaven Station Co. (Business: Ownership and rental of commercial offices, Va. Beach, VA)								X					X	X									X				
Centocor Partners, II, LP (Business: Pharmaceuticals, Malvern, PA)				X										X					X								
Sherwood Crossing Assocs. (Business: Apartment construction & rental, Richmond, VA)				X									X	X					X								
Nationwide Health Properties Inc	S					X						X										X					
Toll South Assocs. (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)							X						X									X					

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Caroline County, VA, farms (Acreage: 795 acres plus 328 acres (half-interest)								X			X											X					
Harrell Farm Company (Business: Farm Investments, Va. Beach, VA)					X								X	X										X			
Seaboard S&L Assocs - stock				X														X									
The Commonwealth Bank - stock			X															X									
Peoples Bank of Va. Beach-stock			X															X									
Magnolia Meadows Assocs. (Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA)							X				X							X									
GRA Independence Assoc. (Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA)				X														X									
GRA Assocs. (Business: Ownership and rental of apartments, Va. Beach, VA)				X														X									
Act B Partnership (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)					X													X									

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
		Year End Value (X)										Type of Income (X)						Category of Amount of Income (X)										
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
Acreage, Hanover Co., VA								X											X									
(26 acres - half-interest) Sylakama, Inc. (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)									X				X	X	X					X								
Genentech Clinical Partners IV (Business: Pharmaceuticals, San Francisco, CA)					X									X						X								
Chase Manhattan					X							X										X						
Dominion Bankshares Corp.					X							X										X						X
Signet Banking Corp.						X						X										X						X
Chase Manhattan Corp.	S			X								X								X								
Bowater Inc. Com.	S			X								X								X								
Dominion Bankshares Corp.	S			X								X								X								
Federal Paper Board Co.	S			X								X								X								
Signet Banking Corp.	S			X								X									X							X
Ford Motor Co. Del.	S			X								X								X								

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
S, DC, JT		None	Less than $1,001	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S	IRA Kidder, Peabody Investor Acct. consisting of:																											
	Boddie Noell Restaurant			X								X							X									
	Chase Manhattan Corp.			X								X							X									
	General Electric			X								X							X									
	Int'l Business Machines			X								X							X									
	Nationwide Health PPTYS Inc.				X							X									X							
	Gov't Money Fund - cash			X								X									X							
	Commonwealth of VA DCP State Retire.				X													X										
	VA Retirement System			X														X										
	IRA Kidder, Peabody Investor Acct. consisting of:																											
	Amer Home Products	X										X									X							X
	Boddie Noell Restaurant			X								X									X							
	Boise Cascade Corp.			X								X							X									
	Bowater Inc.			X								X							X									
	Bristol-Myers	X										X								X								X

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
	IRA continued:																												
	C&S Sovran Corp	X										X									X								X
	Chase Manhattan			X								X									X								
	Chemical Banking			X								X								X									
	Dominion Bankshares			X								X									X								X
	E.I. DuPont De Nemour	X										X									X								X
	Fed. Nat'l Mtg. Assn.	X										X									X								X
	Ford Motor Co.			X								X								X									
	General Electric	X										X									X								X
	Georgia Pacific Corp.			X								X									X								
	Int'l Business Machines			X								X									X								
	Manuf Hanover Corp.			X								X								X									
	Merck & Co.	X										X									X								X
	Nationwide Health Properties				X							X											X						
	Public Svc Co. of Colorado	X										X									X								X

PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
OWEN BRADFORD PICKETT

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
IRA continued:																													
Signet Banking Corp.				X								X									X								
UTS TEPPCO Partners LP Int		X										X									X								X
Gov't Money Market - cash						X						X												X					
Boulevard Land Trust					X									X						X									X
(Business: Real estate investments in Va. Beach, VA property)																													
Condo Unit (Cape Henry Towers Va. Beach, VA)		X											X								X								X

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Reporting Individual's Name

OWEN BRADFORD PICKETT

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence unless it is rented out. For further information see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO., DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Condo Unit - Cape Henry Towers, Va. Beach, VA		X		9/27/91			X				
	Dominion Bankshares Corp.	X			1/8/91	X						
	Signet Banking Corp.	X			3/27/91 4/1/91		X					
S	Signet Banking Corp.	X			1/24/91 1/28/91	X						
	IRA - Kidder, Peabody Investor Acct. transactions:											
	Amer Home Products		X		8/2/91	X						
	Bristol-Myers		X		3/21/91	X						
	C&S Sovran Corp.		X		9/13/91	X						
	Dominion Bankshares	X			1/18/91	X						
	E.I. DuPont De Nemour		X		4/26/91	X						
	Federal National Mtg.		X		8/28/91	X						
	Federal Paper Board		X		3/26/91	X						
	General Electric		X		6/6/91	X						
	James River Corp. of VA.		X		2/26/91	X						
	Lyondell Petrochemical Co.		X		11/7/91	X						
	Merck & Co.		X		3/19/91	X						
	Public Svc Co. of Colorado		X		4/26/91	X						

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Reporting Individual's Name

OWEN BRADFORD PICKETT

PART IV—TRANSACTIONS ** continued **

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	IRA transactions continued:											
	UTS TEPPCO Partners LP Int.		X		10/17/91	X						
	Weyerhaeuser Co.		X		9/13/91	X						
S	IRA - Kidder, Peabody Investor Acct. transactions:											
	Merck & Co		X		4/15/91	X						
	Boulevard Land Trust	X			3/15/91		X					
	Centocor, Inc. - stock (purchase, sale of warrants)	X	X		P 3/18/91 S 4/15/91			X				

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Reporting Individual's Name

OWEN BRADFORD PICKETT

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor at *any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, D, JT	Creditor	Type of Liability	Category of Amount of Value (X) B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Sovran Mortgage Corp PAID OFF IN 1991	Condo Unit Mortgage, Cape Henry Towers, Va. Beach, VA				X			
	Dominion Bank	Farm Mortgage		X					
	Dominion Bank PAID OFF IN 1991	Personal Loan				X			
	Dominion Bank	Business Investments		X					
	Dominion Bank PAID OFF IN 1991	Business Investments			X				
	Dominion Bank	Business Investments				X			
	E.D. & C.D. Proffitt	Farm Mortgage				X			
	Cenit Savings Bank, Norfolk, VA	Business Investments				X			
	Central Fidelity	Business Investments		X					
	Princess Anne Commercial Bank	Business Investments					X		
	Ashton Taylor PAID OFF IN 1990	Farm Mortgage		X					

Reporting Individual's Name
OWEN BRADFORD PICKETT

PART VI—TANGIBLE GIFTS
(GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20–22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

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Reporting Individual's Name: OWEN BRADFORD PICKETT

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Officer & Director	Sylakama, Inc.
Partner	Harrell Farm Co.
Partner	Lynnhaven Station Co.

** continued **

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Owen B. Pickett

DATE (Month, Day, Year): May 14, 1992

GPO: 1991 50-267 (m)

PART VIII -- POSITIONS ** continued **

POSITIONS	NAME OF ORGANIZATION
Partner	GRA Assoc.
Partner	Brass Circle Assoc.
Partner	Act B Partnership
Partner	Toll South Assoc.
Partner	Cranston Lane Assoc.
Partner	Shipp's Corner Nursery Co.
Partner	GRA Independence Assoc.
Partner	Magnolia Meadows Assoc.
Partner	Centocor Partners II
Partner	Sherwood Crossing Assoc, LP
Partner	Genentech Clinical Partners, IV, LP

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 1 1 1 1 5

(10)

James Jarrell Pickle
(Full Name)

242 Cannon House Office Building, Wash, DC 20515 202-225-4865
(Mailing Address) Telephone

Filer Status	X	Member of the U.S. House of Representatives	State ____ District ____	☐ Officer or Employee — Employing Office
Report Type	X	Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Social Security Administration (Mr. Pickle)	Social Sec. Benefits	$18,090.80
	Social Security Administration (Mrs. Pickle)	Social Sec Benefits	$ 3,994.80

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

James Jarrell Pickle

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Category of Amount of Income (X)									Block D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST*	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	Transaction (X)
S, DC, JT	Examples	S ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts					X								X									X					
		182 Main Street, Dover, Delaware						X						X									X						
		Austin First City National Bank TX					X								X								X						
		First Gibraltar Austin, TX					X								X								X						
		NCNB Accounts-Austin,TX *						X							X									X					
		*Note: On the 1990 form these accounts were listed separately but because some of the accounts have changed names, they have been combined into one entry this year pursuant to page 14 of the instruction manual. Also note NCNB became Nations Bank on 1-2-92.																											

For additional assets and unearned income, use next page

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: James Jarrell Pickle

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.		Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
	S, DC, JT	A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
Texas Commerce CDs-Austin, TX					X									X									X					
BankOne Money Market-Austin,TX					X									X								X						
BankOne CDs - Austin, TX					X									X								X						
(Now called Team Bank) Bank of the Hills CDs-Austin,TX					X									X								X						One CD *matured
Wash, Cong. Federal Credit Union, DC						X								X									X					
Paine Webber Cash Fund				X								X								X								
RMA Tax Free Fund					X							X										X						
Trust Southwest				X								X										X						
University of Texas Bond						X								X										X				
North Central Austin Bond (MUD)				X										X						X								
(Royce City, TX) Royce City School Bond						X								X									X					
(Austin, TX) Eanes School Bond							X							X										X				
(Austin, TX) Lake Travis School Bond						X								X									X					

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name

James Jarrell Pickle

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Fort Bend Texas Bond					X									X									X						
City of San Antonio, Texas					X									X									X						
City of Austin, Texas					X									X									X						
McClennan Co., Texas					X									X								X							
Veterans Admin. Life Ins.				X										X							X								
Grapevine Colleyville Bond - TX					X									X									X						
Austin Savings, Austin, TX					X									X							X								X
Paine Webber Asset Alloca.Fund						X						X										X							
Paine Webber MFS Intermediate Fund					X							X											X						
Nuveen Municipal Fund					X							X										X							
ACM Managed Income Fund					X							X												X					
Damson Oil Royalty			X															Royalty		X									

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
James Jarrell Pickle

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																	BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX over $100,000	
Lease of land for grazing* Niederwald, Texas			X										X								X							
Fidelity Bankers Life Ins. Annuity					X													annuity	X									
Electrosource Inc., Austin,TX		X																	X									
Paine Webber Equity Trust			X									X							X									
Paine Webber Property Invest. Fund					X							X											X					
Lots near Lake LBJ - Llano,TX					X														X									
81.95 acres near Niederwald,TX							X						X								X*	see first listing on this page						
41.3 acres near Niederwald, TX						X													X									
Half interest in 49.8 acres near Niederwald, Texas					X														X									
Bryan, TX ISD Bond						X								X									X					
Rowlett, Texas Bond						X								X									X					
Pearland, Texas Bond						X								X									X					
Dennison, TX Waterworks Bond						X								X										X				
Koch Oil Royalty (now called Parker & Parsley)			X															royalty	X									
LCRA Bond						X								X									X					

PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
James Jarrell Pickle

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
Franklin Federal Accounts, Austin TX				X										X								X							X
Govt Income Securities				X								X									X								X
Lower Colorado River, TX Mun. Bond					X									X								X							X
Personal Loan to Scott Benson				X										X					X										X
Colorado River/TX Mun. Water District Bond				X										X							X								X
Austin Independent Sch.Dist.Bond**					X									X									X						
*Note: Inadvertently omitted from 1990 disclosure form. Amend.filed 5-15-92.																													

Reporting Individual's Name: James Jarrell Pickle

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Personal loan to Scott Benson Austin, Texas	other			8-1-91		X					
	Government Income Securities Purchase	X			8-19-91		X					
	Lower Colorado River Municipal Bond	X			3-19-91			X				
	Colorado River Texas Municipal Water District Bond	X			4-25-91			X				
	Bank of the Hills CD matured(now called Team Bank)		X		5-6-91		X					
	Austins Savings--Account Closed. Deposits transferred to Franklin Federal Accounts.			X	6-3-91		X					

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Reporting Individual's Name
James Jarrell Pickle

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	NCNB - Austin (Name changed to Nations Bank 1-2-92)	Mortgage on 2702 Hillview Green					X		
		Austin, TX							
	3900 Watson Place, Inc.	Mortgage on 3900 Watson Place	X						
		Washington, DC							

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Reporting Individual's Name: JAMES JARRELL PICKLE

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [ ]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135
University of Texas Exes Washington Chapter, Wash, DC	Art Print - Hanging in 242 Cannon HOB	110

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [X]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
	ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
James Jarrell Pickle

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE ☐

Positions	Name of Organization
Member,Bd. of Trustees	Southwestern University, Georgetown, TX--Membership ended 4-26-91
Member, Bd.of Trustees	U.S. Capitol Historical Society, Washington, DC
Member, Bd. of Directors	National Wildflower Research Center, Austin, TX

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No [X] NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes ☐ No [X] NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
J J Pickle	5-14-92

GPO 1991 50-217 (rev)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

9

HAND DELIVERED

(Full Name)	John Edward Porter
(Mailing Address)	1625 Sheridan Road
Telephone	708-940-0202
Filer Status	[X] Member of the U.S. House of Representatives — State ____ District ____ ; [ ] Officer or Employee — Employing Office ____
Report Type	[X] Annual (May 15) ; [ ] Amendment ; [ ] Termination — Termination Date ____

mc (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Conservational International Foundation	Spouse salary	
	W. Alton Jones Foundation, Charlottesville, Virginia	Spouse consulting fee	
	Estate of a disabled person for whom filer serves as guardian	Guardian's fee	$1,750.00
	Estate of a deceased person for whom filer serves as executor	Executor's fee	1,500.00

For payments to charity in lieu of honoraria, use next page

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Reporting Individual's Name

John Edward Porter

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
United Insurance Company of America, Milwaukee WS	Speech	March 1, 1991	$2,000
Coalition of Voluntary and Professional Associations Concerned With the Programs of the National Institute of Arthritis, Musculoskeletal and Skin Diseases, Washington, D.C.	Speech	February 28,91	$1,000
American Amusement Machine Association Woodbridge, Virginia	Appearance	May 8, 1991	$1,000

Reporting Individual's Name
John Edward Porter

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X) A None	B Less than $1,001 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C Income: Type of Income (X) DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST*	Other Income (Specify type)	Category of Amount of Income (X) I None	II Less than $201 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	over $1,000,000	Block D Transaction (X)
		You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.																											
S, DC, JT	Examples	S ABC Corporation Stock			X							X									X								X
		George Wash. Credit Union Accounts				X								X									X						
		182 Main Street, Dover, Delaware					X						X									X							
		First Midwest Bank Individual retirement account			X									X							X								
		Cong. Federal Credit Union Individual retirement account			X									X							X								
		Franklin U.S. Gov. Sec. Fund Individual retirement account			X									X							X								
S		First Midwest Bank Individual retirement account			X									X							X								
S		Cong. Federal Credit Union Individual retirement account			X									X							X								
S		Franklin U.S. Gov. Sec. Fund Individual retirement account			X									X							X								

For additional assets and unearned income, use next page

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
John Edward Porter

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income															BLOCK D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT) This is optional	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)									Transaction (X)
S, DC, JT		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S	Cong. Federal Credit Union Savings account			X									X							X								

Reporting Individual's Name

John Edward Porter

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
Example	ABC Corporation Common Stock	X			10-12-90			X				
None												

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Reporting Individual's Name

John Edward Porter

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
JT	Cong. Federal Credit Union	Line of credit	X						
	Margaret C. Brown	Line of credit		X					

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Reporting Individual's Name: John Edward Porter

PART VI – TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
United Insurance Company of America	Feb.28-Mar.2,90	Travel from Wash.D.C. to Desert Springs, CA and return food and lodging, self and spouse	
American Medical Association	Mar.7-10 1990	Travel from Wash.D.C. to Naples, Florida and return, food and lodging, self and spouse	
The Aspen Institute for Humanistic Studies	Mar.30-Apr.7,90	Travel from Wash.D.C. to Capetown, South Africa and return, food and lodging, self and spouse	
Shared Medical Ssystems, Inc.	May 4-7, 1990	Travel from Wash.D.C. to Hilton Head, South Carolina and return, food and lodging, self and spouse	
Danny Thompson Memorial Golf Touranment	Aug.21-25, 1990	Travel from Wash.D.C. to Sun Valley, Idaho, and return food and lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
John Edward Porter

PART VII – "REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Congressional Charity Golf Tournament	Sept.6-8 1990	Food and lodging, White Sulphur Springs, West Virginia self and spouse	
City of Chicago	Sept.19-22, 1990	Travel from Wash.D.C. to Chicago, Illinois and return food and lodging, self and spouse	
Earth Communications Office	Nov. 10-12, 1990	Travel from Wash. D.C. to Santa Monica, California and return, food and lodging	
National Council of Community Hospitals	Nov.14-17, 1990	Travel from Wash.D.C. to Spanish Bay, California and return, food and lodging, self and spouse	

Reporting Individual's Name
John Edward Porter

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature

NONE [ ]

Positions	Name of Organization
Board Member	Population Resource Center
President & Chairman	General Services Corporation
Co-Chairman	Congressional Human Rights Caucus
Co-Chairman	Congressional Human Rights Foundation (resigned 4-91)

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23

NONE [x]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
	May 15, 1992

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

RECEIVED
1992 MAY 15 PM 3 26

(7)

HAND DELIVERED

Glendal (Glenn) William Poshard
(Full Name)

103 Valley Drive
(Mailing Address)

Carterville, Illinois 62918
Telephone

Filer Status	X Member of the U.S. House of Representatives	State IL District 22	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC (Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Carterville Unit School District	spouse salary	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
G. Poshard

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse, any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12–14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

S, DC, JT	BLOCK A: Asset and/or Income Source	BLOCK B: Year End Value (X) — None	A: Less than $1,001	B: $1,001 - $15,000	C: $15,001 - $50,000	D: $50,001 - $100,000	E: $100,001 - $250,000	F: $250,001 - $500,000	G: $500,001 - $1,000,000	H: over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	BLOCK C: Type of Income (X) — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Income (Specify type)	Category of Amount of Income (X) — None	I: Less than $201	II: $201 - $1,000	III: $1,001 - $2,500	IV: $2,501 - $5,000	V: $5,001 - $15,000	VI: $15,001 - $50,000	VII: $50,001 - $100,000	VIII: $100,001 - $1,000,000	IX: over $1,000,000	Block D: Transaction (X)
S	Examples: ABC Corporation Stock			X								X									X								X
	George Wash. Credit Union Accounts				X									X									X						
	182 Main Street, Dover, Delaware					X							X									X							
	Thrift Savings Plan, U.S.House			X										X									X						
	Carterville Savings Acct.State & Savings Bank			X										X						X									
	Municipal Bonds - Imit 95 A.G. Edwards Investment Firm			X								X		X						X									
	Investment Income-Bank of NY First Investors Fund INC, NY			X								X		X							X								
	Savings Account Southern Illinois Schools Credit Union	X												X					X										
	IRA King City Federal S&L				X									X								X							

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PARTS II AND III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name
G. Poshard

BLOCK A Asset and/or Income Source			BLOCK B Valuation of Asset										BLOCK C Income																BLOCK D
			Year End Value (X)										Type of Income (X)							Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT		None	A Less Than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less Than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
IRA, King City Federal S&L ~~Jo Poshard~~	S					X									X									X						
Deferred Compensation Savings State of Illinois						X									X									X						
State Scholarship Bonds State of Illinois						X									X									X						
Annuity Columbus Mutual Life Ins., Co.						X									X										X					
Annuity Edward D. Jones Investment Co.						X									X											X				
Annuity Columbus Mutual Life Ins. Co.								X							X											X				
Annuity Massachusetts Mutual Life Ins. Co.						X									X						X									
Retirment Funds Illinois State Retirment System	S					X									X									X						
Retirement Funds Illinois State Retirement System						X									X									X						
Life Insurance State Farm Insurance Co.					X								X		X							X								

Reporting Individual's Name

G. Poshard

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name
G. Poshard

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 18.

NONE [X]

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			

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Reporting Individual's Name: G. Poshard

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives; gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [x]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds; travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
Examples: ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Assoc. Of American Railroads ~~Intermodal Policy Conference~~	June 14-17;	Roundtrip Air from St. Louis to Los Angeles, 3 days food and lodging, self and spouse	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342)

Reporting Individual's Name
G. Poshard

PART VIII—POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [ ]

Positions	Name of Organization
Member, BD. of Directors	Faith and Politics Institute (non-profit)

PART IX—AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [x]

Date	Parties To	Terms of Agreement

PART X—ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS—Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [x] NA [ ]

EXEMPTION TEST—Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [x] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Gerald William Poshard	5-14-92

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 . . 13 P.M. 2 33

HAND DELIVERED

(9)

MC (Office Use Only)

3270

DAVID EUGENE PRICE
(Full Name)

1406 LONGWORTH BUILDING
(Mailing Address)

202-225-1784
(Telephone)

WASHINGTON DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State NC District 4	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

In all sections, please type or print clearly in black ink

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE [ ]

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Congressional Quarterly Press	book royalty	$66.64
	Town of Chapel Hill, North Carolina	spouse salary	NA

For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name
DAVID PRICE

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in Members' filing packages

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb 2, 1991	$2,000
	XYZ Magazine	Article	Aug 13, 1991	$500

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Reporting Individual's Name
DAVID E. PRICE

PARTS II and III—ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts, and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

		BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset: Year End Value (X)										BLOCK C Income: Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)									Block D Transaction (X)
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.			None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000	Indicate if alternative valuation method (X) Attach explanation	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
S, DC, JT	Examples:	S ABC Corporation Stock			X								X									X							X
		George Wash. Credit Union Accounts				X									X									X					
		182 Main Street, Dover, Delaware					X							X									X						
		BB+T CD				X									X								X						
		Smith Barney Money Market Units			X								X									X							
		NC Eastern Municipal Power Agency Bonds				X									X									X					
		American Precision Industries Stock			X								X								X								
		Pepsico Stock			X								X								X								
		Coca-Cola Stock				X							X									X							

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PARTS II AND III – ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Reporting Individual's Name: David Price

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset										BLOCK C Income																		BLOCK D
You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional	S, DC, JT	Year End Value (X)									Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)					Other Income (Specify type)	Category of Amount of Income (X)										Transaction (X)
		None	A Less than $1,001	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST		None	I Less than $201	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX over $1,000,000	
General Electric Stock			X									X								X								
Merk + Co. Stock					X							X								X								
Northwest Mutual Life Insurance Policy			X									X								X								
TIAA/CREF Retirement Plan							X					—	NA	—				—	—	NA				—	—			

Reporting Individual's Name
David E. Price

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE [X]

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				

Reporting Individual's Name: David E Price

PART V—LIABILITIES

Report liabilities over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE [X]

S, D, J, T	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St Dover, Del				X			

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Reporting Individual's Name: David E. Price

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year.

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported. Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold. Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed.

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances. For further information, see Instructions, page 19.

NONE [X]

Source	Brief Description	Value
Example: Mrs. Joseph H. Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box.

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you. For further information see Instructions, pages 20-22.

NONE [ ]

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples: Chicago Chamber of Commerce	Mar. 2, 1991	Roundtrip Air Travel from Wash. D.C. to Chicago, and Lunch	
ABC Corporation	Aug. 6-8, 1991	Roundtrip Air from Wash. D.C. to Seattle, 3 days food & lodging, self and spouse	
Yale University Board Meeting	4-25-91 – 4-26-91	travel to/from New Haven CT, lodging, meals, taxi to airport for self	
NC Society of Internal Medicine speech	6-21-91 – 6-22-91	travel to/from Wrightsville Beach, lodging, meals for self/spouse	
Yale University - Board Meeting	11-14-91 – 11-15-91	travel to/from New Haven CT; lodging, meals for self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342).

Reporting Individual's Name
David E. Price

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)

Reporting Individual's Name: David E. Price

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE ☐

Positions	Name of Organization
Professor on leave	Duke University

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE ☐

Date	Parties To	Terms of Agreement
1990-92	Duke University	leave of absence (unpaid)

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes ☐ No ☑ NA ☐

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions, page 5.) Yes ☐ No ☑ NA ☐

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
David E. Price	5/15/92

GPO: 1991: 50-267 (m)

HAND DELIVERED

DAVID PRICE
4TH DISTRICT
NORTH CAROLINA

COMMITTEE ON APPROPRIATIONS

92 MAY 21 PM 5:14

OFFICES
1408 LONGWORTH BUILDING
WASHINGTON, D.C. 20515
(202) 225-1784
225 HILLSBOROUGH STREET
SUITE 330
RALEIGH, N.C. 27603
(919) 856-4611
1777 CHAPEL HILL-DURHAM BLVD
SUITE 202
CHAPEL HILL, N.C. 27514
(919) 967-8500
SUITE 101
FEDERAL BUILDING
ASHEBORO, N.C. 27203
(919) 626-3060

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

May 21, 1992

1

MC

Hon. Louis Stokes
Committee on Standards of Official Conduct
Washington, DC 20515

Dear Louis:

This letter is submitted as an amendment to my 1990 and 1991 Financial Disclosure forms.

1990
Under the "Assets/Unearned Income" section, the following item should be added:
Promissory Note -- David Price for Congress
Category of value -- B
Type of income -- Interest
Category of income -- II

1991
Under the "Assets/Unearned Income" section, the following item should be added:
Promissory Note -- David Price for Congress
Category of value -- None (note paid off in 1991)
Type of income -- Interest
Category of income -- II

This information was not previously reported because I believed that the note, drawn through my home equity line of credit, was excluded from the reporting requirement under Section V, Liabilities. That section excludes mortgages on a personal residence from financial disclosure. The loan to my campaign was not directly secured by my residence, but rather indirectly through my home equity line of credit. Income derived from the note was passed through to the financial institution holding my home equity line.

Thank you for your attention to this matter. If you have any need for further information, I will be happy to provide it.

Sincerely,

DAVID PRICE
Member of Congress

DP:gc

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1991

FORM A
For use by Members, officers, and employees

92 ... (8)

Carl D. Pursell
(Full Name)

1414 Longworth Building
Washington D.C. 20515
(Mailing Address)

202-225-4401
(Telephone)

HAND DELIVERED

Filer Status	X Member of the U.S. House of Representatives	State Michigan District 2	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

MC
(Office Use Only)

In all sections, please type or print clearly in black ink.

PART IA—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) aggregating $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, only the source need be reported for other spouse earned income. For further information, see Instructions, page 10.

NONE ☐

	Source	Type	Amount
Examples:	State College	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Livonia, Michigan Public Schools	Spouse Pension	NA

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For payments to charity in lieu of honoraria, use next page

Reporting Individual's Name: Carl D. Pursell

PARTS II and III – ASSETS AND "UNEARNED" INCOME

In **BLOCK A** report (a) the identity of each asset held during the preceding year for investment or production of income which had a fair market value exceeding $1,000 as of the close of the year and (b) any other asset or source of "unearned" income which generated $200 or more in income during the reporting period. Exclude: Any personal liability owed to the reporting individual by a spouse, child, parent or sibling of the reporting individual or that person's spouse; any deposits aggregating $5,000 or less in personal savings accounts; and, financial interests in or income derived from U.S. Government retirement programs.

In **BLOCK B** indicate the category of value for each asset listed in Block A which had a fair market value exceeding $1,000 at the close of the preceding calendar year. Specify any alternative valuation method.

In **BLOCK C** indicate the type and category of value of "unearned" income aggregating more than $200 received from assets and sources listed in Block A. For IRA's and retirement plans that are not self-directed, you may list only year end value and indicate "NA" for income.

In **BLOCK D** indicate if the asset was purchased, sold, or exchanged during the year. If so, provide details in Section IV on page A-3. For more details, see Instructions, pages 12-14.

If you wish to indicate that an asset, income source, or income is that of your spouse or dependent child, so indicate in the column for that purpose on the far left. (This is optional.) See instructions, page 14.

NONE ☐

	BLOCK A Asset and/or Income Source	BLOCK B Valuation of Asset										BLOCK C Income																					Block D
	You may identify each asset and/or income source as yours, your spouse's (S), your dependent child's (DC), or jointly held (JT). This is optional.	Year End Value (X)										Indicate if alternative valuation method (X) Attach explanation	Type of Income (X)						Other Income (Specify type)	Category of Amount of Income (X)												Transaction (X)
		A None	B Less than $1,001	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000			DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST		I None	II Less than $201	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	over $1,000,000	
S, DC, JT	Examples: S ABC Corporation Stock			X									X									X									X
	George Wash. Credit Union Accounts				X										X									X							
	182 Main Street, Dover, Delaware						X							X									X								
	Wright Patman Credit Union		X												X						X										
	home and six acres of land																														
	46200 North Territorial Road																														
	Plymouth, Michgan							X																							

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Reporting Individual's Name
Carl D. Pursell

PART IB—PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

(If necessary)

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in Members' filing packages.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1991	$2,000
XYZ Magazine	Article	Aug. 13, 1991	$500
Illinois Ambassadors	Speech	June 17, 1991	500.00

9282

Reporting Individual's Name: Carl D. Pursell

PART IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting period of any real property, stocks, bonds, commodities futures, and other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving property between you, your spouse or your dependent child or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, page 17.

NONE ☐

S, DC, JT	Identification of Assets	Type of Transaction (X): Purchase	Sale	Exchange	DATE (MO, DAY, YR)	Amount of Transaction: B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000
	Example: ABC Corporation Common Stock	X			10-12-90			X				
	Sears Stock		X		6-5-91	X						

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Reporting Individual's Name

Carl D. Pursell

PART V – LIABILITIES

Report liabilities over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see Instructions, page 18.

NONE ☐

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,000 over
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del				X			
	Wright Patman Credit Union	Personal Loan	X						

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Reporting Individual's Name: Carl D. Pursell

PART VI—TANGIBLE GIFTS (GIFTS OTHER THAN TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT)

Report the source, a brief description, and value of all gifts other than transportation, lodging, meals, or entertainment (disclosed in next section), aggregating $100 or more in value received by you, your spouse, and your dependent child from any source during the calendar year

Exclusions: Gifts from relatives, gifts of personal hospitality of an individual, and local meals need not be reported Gifts with a value of $75 or less need not be aggregated towards the $100 disclosure threshold Gifts to a spouse or dependent child totally independent of his or her relationship to you need not be disclosed

Note: House Rule XLIII, clause 4, limited the value of gifts a Member, officer, or employee of the House could accept in 1991 from any one source in a calendar year to $200 in most instances For further information, see Instructions, page 19

NONE [X]

Source		Brief Description	Value
Example:	Mrs Joseph H Smith, Anytown, USA	Silver Platter	$135

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

List the identity of the source and a brief description (including a travel itinerary, dates, and nature of expenses provided) of travel related expenses aggregating $250 or more received by you, your spouse, or a dependent child during the year Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor If the travel was a gift, rather than payment of expenses for an activity such as a fact-finding event or speaking engagement, indicate by marking the appropriate box

Exclusions: Travel-related expenses provided by federal, state, and local governments, or by a foreign government,* and reimbursements paid from campaign funds, travel provided to a spouse or dependent child totally independent of his or her relationship to you For further information see Instructions, pages 20-22

NONE [ ]

Source		Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Examples:	Chicago Chamber of Commerce	Mar 2, 1991	Roundtrip Air Travel from Wash D C to Chicago, and Lunch	
	ABC Corporation	Aug 6-8, 1991	Roundtrip Air from Wash D C to Seattle, 3 days food & lodging, self and spouse	
American Medical Assn.		March 7-March 10	Roundtrip air travel Washington to Fort Myers	
			3 days food and lodging- self and spouse	
Pirelli Cable		March 30 April 2	Roundtrip air travel Detroit to Indianapolis	
			3 days food and lodging-self	

*Required to be reported under the Foreign Gifts and Decorations Act (5 U S C 7342)

PART VII—"REIMBURSEMENTS" AND GIFTS OF TRANSPORTATION, LODGING, MEALS, ENTERTAINMENT

Continuation Sheet (if needed)

Reporting Individual's Name: Carl D. Pursell

Source	Date(s)	Brief Description (Itinerary and Nature of Expenses)	Gift (X)
Motor Vehicles Manufacturer Association	April 25	Air travel Washington to Detroit-self	
Illinois Ambassadors	July 16-July 18	Air travel Detroit to Chicago to Washington 2 days food and lodging self	
Michigan RoadBuilders Assn.	August 15 August 17	3 nights food and lodging, Mackinac Island Michigan self and spouse	
Michgan Bell	August 23 August 25	2 nights food and lodging Traverse City, Michigan self and spouse	
National Review, Inc.	August 28 August 29	Roundtrip airfare Detroit to Columbia 1 day food and lodging self	

Reporting Individual's Name: Carl D. Pursell

PART VIII – POSITIONS

Report the identity of all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information see Instructions, page 22.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature.

NONE [X]

Positions	Name of Organization

PART IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 23.

NONE [X]

Date	Parties To	Terms of Agreement

PART X – ADDITIONAL INFORMATION AND CERTIFICATION

TRUSTS – Do you, your spouse or dependent child receive income from or have a beneficial interest in a trust or other financial arrangement whose holdings were not reported because the trust is a "Qualified Blind Trust" or other excepted trust? A Qualified Blind Trust is a trust which has been specifically approved by the Committee on Standards of Official Conduct. (See Instructions, page 15.) Yes [ ] No [X] NA [ ]

EXEMPTION TEST – Have you omitted any assets or liabilities of a spouse or dependent child because they meet the three tests for exemption? (See Instructions page 5.) Yes [ ] No [X] NA [ ]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §101 et seq.). The Statement will be made available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct. Any individual who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Carl D. Pursell	May 1, 1992

GPO: 1991: 50-287 (m)

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